05024

CERTIFICATE OF DEATH 5931

Reg. Dist. No. 302

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may be retrived by the haspital or attending physician.

D FUNER! SIRECTOR: After this certificate has been signed by the attending physician and completely filled, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A DO POSS (4) 15W 6/SS

									-	
1. PLACE OF DEATH o. COUNTY WA	shington		, , MARYLAI	O STATE	SIDENCE (WI		l lived. If institution b. COUNTY		ce before odr	nission)
	(If outside corporate limi	ts, write	c, LENGTH OF STAY IN	16 c. CITY O	R TOWN (IF	autside corpor	ote limits, write R	URAL and	give nearest to	own)
Hagerst			10 minutes	03 H	agerst	own				
	ITAL (If not in hospital, a	ive street	address)	1	ADDRESS				e. IS	RESIDENCE
Washing	ton County	Hosp:	ital	145	East A	ve				□ NO 🖾
3. NAME OF DECEASED (Type or print)	MARY	st	DAV IS	ANDERS	.ast	4. DATE OF DEATH	April	th	Doy 23	Year 1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BI	RTH		9. AGE (In years lost birthdoy)		1 YEAR IF UN	
Female	White	WIDOWE	DIVORCED [] Februa	ry 11,	1905	53 уп.	Mogths	Pzs Hou	rs Min.
during most of wo	orking life, even if refired		KIND OF BUSINESS OR I					101		AT COUNTRY
Salescl	erk	De	ept. Store		SILINGUEN I	on Co.	, Ma.		U.S.A.	
13. FATHER'S NAME				IA. MOTHER			mad nahadi			
	c Smith VER IN U. S. ARMED FOR	CESO IN	SOCIAL SECURITY NO.	17. INFORMANT		ucy cu	nninghain			
(Yes, no or unknown)	(If yes, give wor or dates of s	ervice	L4-09-7721	Mr. Jame	s H. S	mith	Greenc		, Pa.	
Conditions, if gave rise to cause (a), stating lying cause last	g the under-)	ronany Wi	CLMIS (A)						ley.
CATIC		DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PAR	PER	AS AUTOPSY REPORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	20d. It While at wor	Not while	e. PLACE OF INJURY foctory, street, off	f fHame, farn fice bldg., etc	n, 20f. (City	or town)	((Caunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	1843 by	T, and that do	eath occurred o	WALL Age	M. fram Apores (SH MAN	reet, city or lown,	and an t		
220. BURIAL, CREMATI REMOVAL (Specif BURIAL	" 4/25/195	8	Rose Hill		_	Hage	rstown,		Maryla	nd
23. FUNERAL DIRECTO	izer fuheral	. Home	e ADDRESS Hagerstown	Md.		PR 2 5 '5		STRAR'S SI	-1	

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BUREAU V. S.

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		;	5088	CERT	IFICA	TE OF D	EATH	1		Reg. Di		1020
1.	LACE OF DEATH	Washing ncock Rest	ton Co Home	5 MAI	RYLAND	2. USUAL RESIDE					ice befare adn	nission)
	b. CITY OR TOWN	V (If autside carporate li	mits, write c	LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If a	utside carpora	te limits, writ	e RURAL and	give nearest to	own)
	Hancock				1957			land		010	2.2	
	OR INSTITUTIO	PITAL (If not in hospital, N Hancock	Rest I	Home	На	d. STREET ADI	Md	111 S	outh S	Street	10	RESIDENCE A FARM? NO K
	NAME OF DECEASED (Type or print)	Elizabeth	ist – Sus a j	n widd 1 xxx le		lost pel		4. DATE OF DEATH	April	17t	1957	Year 19
5. 5	E,	6. COLOR OR RAC	WIDOWED		ED []	Jany 1	,	lst		y) Months	Days Hau	-
10a	during most of w House	NTION (Give kind of war vorking life, even if retire W11 C	k dane 10b. Kir d)	NO OF BUSINESS No	OR INDUST			Spri		200	IZEN OF WH	AT COUNTRY USA
13.	FATHER'S NAME			4_14/1		14. MOTHER'S M	AAIDEN N	AME		Mar	ylano	
	John	Hobday				Mati	lda	Sha				
1S. (Yes	WAS DECEASED E	(If yes, give wor or dates o	f service)	TO	-	formant Hancock	Res	t Hom		aring	er	
NO	PART I. D 332 × Conditions, if gave rise to cause (a), static lying cause lat	immediate DUE 1	(a) (b) (c)	Old A Yea	rs /	frtei			ros		2 M	OUTH
CERTIFICATION										OTTER HTTAK	PER YES	FORMED?
	OR CONTRIBUTION	WAS UNDERLYING DIEST CAUSE OF DEATH FY MEDICAL EXAMINER	1 ,	10	OCCURRED.	(Enter nature of i	injury in P	art I ar Part II	I af item 18.)			
MEDICAL	20c. TIME OF INJ Haur a. ; p. n	1.	ear 20d, INJU While at work	Nat while at wark	20e. PLAC	CE OF INJURY (Ha ary, street, affice b	one, farm, oldg., etc.)	20f. (City o	r tawn)	(0	County)	(State)
	21. I certify alive an	that I attended the		-	at death o	.b. 184 8		M, fram	the cause		last saw the	de deceased ated abave DATE SIGNE
	PHYSICIAN'S NAME (Type)	Edwa	11/2	ippl	L	B	r	kelej	B	wis	ngs	WV
	BURIAL, CREMAT REMOVAL (Speci	Apr. 19		Davis				22d. LOCATIO	1	untv.		late)
	FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			4a. REC'D	BY REGISTRA		GISTRAR'S SIC	Maryla SNATURÉ	200
J	ohn J. H	lafer, Cumb	erland	, Maryla	and	0	PATE	1 '58	(229	4.	- 1	

21.4 certify to recover to desired the mention of the state of the same of man lies. All the territors done for the all Thomas to be a book and the same of the sa

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05026

Reg. Dist. No. 302

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secrest town)
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e. IS RESIDENCE ON A FARM?
YES NO S
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1958
IF UNDER 24 HRS
Hours Min.
F WHAT COUNTRY
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9, WAS AUTOPSY
PERFORMED? YES NO NO
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DATE SIGNED
(Stote)
RE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute 14 artificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the furnished in Idiacitor. Page 4 should be branched to the Chief Medical Examiner's Office along with form PN3. Page 5 may be retained if for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Hebbh, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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5 1111 NEW TORKS OF THE WAR STATE OF THE SEA OF STATE O

BUREAU V. E.

8561 SI 89A



THE RESIDENCE OF THE PROPERTY OF

Andrew K. Coffman Hagerstown Md.

Page after death. within certificate

VS A15 (4)

1SM 10/57

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8281 82 A9A

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5933 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) THE COUNTY a. STATE MARYLAND MIS. vland ashington ashington b. CITY OR TOWN IIf outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) Davs Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 437 Salem Ave County Hospital First Middle 4. DATE Month Day Year MONROE April BARROW DEATH GUY 9 1958 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours White DIVORCED | December WIDOWED | 67 Va. USA iddleway Jefferson Gehr 80 Son 14. MOTHER'S MAIDEN NAME Emma Furr 17. INFORMANT Address

Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION YES NOTE ash NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME Charles Barrow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Nellie E. Barrow 437 Salem Ave 220-10-3552 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Hagerstown Ld. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 4.000 DUE TO Conditions, if any, which gave rise to immediate **DUE TO** casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stale) factory, street, affice bldg., etc.) a. m. While Not while at wark at work 21. I certify that I attended the deceased from 195 that I last saw the deceased and that death accurred at 12:25PM, from the causes and an the date stated above. alive on /this ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 2012 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) Haven Cemetery puria Hagerstown Wagh 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 1 5 '58 Coffman Hagerstown Md.

director death. era pe pluods ×N filled popers. and carbon ofter à ait. any ped use RECTOR: pe prior FUNER 3 page he 10 VS A15 (4)

PLACE OF DEATH

15M 9/55

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DATE

death. Page

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5991 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

05030

						Keg. Dist. N	10.
1. PLACE OF DEATH o. COUNTY WAS	HINGTON	MARYLAND	2. USUAL RESIDENCE (WE a. STATE MARY	LAND	lived. If institution b. COUNTY		fore admission) INGTON
RURAL and give n			c. CITY OR TOWN (If o			URAL and give r	nearest town)
CLEAR S		LIFE		PRING			
d. NAME OF HOSPIT OR INSTITUTION	ST .	reet address)	MAIN ST.				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LUCY	Middle MAY	BEARD	4. DATE OF DEATH	Mon	th !	24 19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	Manths Day	AR IF UNDER 24 HRS.
FEMALE		OWED DIVORCED	DEC. 7, I	874	83 yrs.		
during most of wor HOUSE W	king life, even if retired)	OWN HOME	USTRY 11. BIRTHPLACE (SIGNE MARYLAN		untry)		OF WHAT COUNTRY? $\mathbb{B} \cdot \mathbb{A}$.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
SAMUEL F	RUSH		LUCY KER	R			
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT		Addr	7.2	
NO		NONE	MISS MARY BE	ARD	CLEAR S	SPRING	, AD.
Conditions, if a gave rise to i cause (a), storing lying cause lost. PART II. OTI Pulmon 200. ACCIDENT W.	mmediate the under (c) (c) HER SIGNIFICANT CONDITION LATY tubercul	Arteriosclerot ONS CONTRIBUTING TO DEATH BU OSIS, fibroid DESCRIBE HOW INJURY OCCURR	IT NOT RELATED TO THE TERMI	NAL DISEASE		EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NOX
20c. TIME OF INJUING Hour a. m. p. m.	RY Month, Doy, Year 21	Od. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	.)	or town)	(Count	(Stote)
	nat I attended the decitober 29		, 19 ⁵² , ta AI th occurred at 2:25	PM, fram		ind an the c	saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)	Archie Ro	bert Cohen, M	.D. Clear S	pring,	Maryla	and	4/25/58
220. BURIAL, CREMATIC REMOVAL (Specify	DN, 226. DATE THEREOF 4/26/1958	22c. NAME OF CEMETERY ST. PAULS			ION (City, town, o		(Stote)
28 FUNERAL DIRECTOR	's SIGNATURE Clark	CLEAR SPRI	NG, MD. 240. REC	D BY REGISTE PR 2 8 'S	RAR 245 REGIS	strar's signat	TUPE
1 /							

MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 18

CERTIFICATE OF BEATH

The property of the property o 8381 88 A9A

Million Spirit or Clark

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05031

& CEKIIF		AIE OF DEAIR	1		Reg. Dist	. No.
MARYLA	AND	2. USUAL RESIDENCE (WHO IN STATE MARYLAND	ere deceas	ed lived. If insti b. COUD	itution: Residence	e before admission)
ENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If o	utside com	orate limits, writ	e RURAL and of	L OIN
12 HOURS	7	× MT.CARI		RURAL		V
55)	_	d. STREET ADDRESS	1	TOITALL		e. IS RESIDENCE
HOSPITAL		BOONSBORG	OM C	ROHTE	2	ON A FARM? YES NO TO
Middle		Lost	4. DATE		Month	Day Year
D.		BISER	OF	APRIL	9 1958	,
NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In yes	ors IF UNDER 1	YEAR IF UNDER 24 HRS.
DIVORCED		JULY 16 187	77	lost birthdo	y) Months [Days Hours Min.
OF BUSINESS OR	INDU:				12. CITI2	ZEN OF WHAT COUNTRY?
HOME		NEAR MIDI	DLET(OWN FRE	ED.CO.N	ID.U.S.A.
		14. MOTHER'S MAIDEN N	IAME			
		LYDIA	FLO	OK		
AL SECURITY NO.	17. 11	NFORMANT		1	Address	
NE	ME	S.WILBUR MO	OSER	BOONSE	BORO MI	D.R. 22'
(a). (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH
nrluenz	a					2 days
						Cast NTT II.
		NOT RELATED TO THE TERMI			GIVEN IN PART	PERFORMED?
		nd exposure D. (Enter nature of injury in P				YES NO
						150
OCCURRED 2	IIU.	lying on b	ack	porcu		
Not while	toc	tory, street, office bldg., etc.)			
1/0/	noi	1/7		oonsbo		
0111	58	19, fd:/	0/58			ast saw the deceased
_, and that d	eath	accurred at 10:4				
add.				itreet, city or to	vn, stote)	DATE SIGNED
1	/	M.D. Sharpsb	urg,	MG.	4/11/	58
aly M	D.					
NAME OF CEMEN	RY O	CREMATORY	22d. LOCA	TION (City, tow	n, or county)	(State)
BOONSBOE	20	CEWETERY	BOOT	ISBORO-	WAGU	CM OF
ADDRESS		A 240 PEC'I	RY REGIS	TRAR 245 PF	CISTATES	AND.

STANCESTIFICATE OF DEATH

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Part St. of

BURRAU V. E.

VPR 15 1958



VS. A15ME 5M 2/57

Suter-Rouzer Funeral Home

	2. USUAL RESIDENCE (W. o. STATE Maryl.	E OF	DEATH sed lived. If institute b. COUNT porote limits, write	Reg. Distriction: Residen	nce befo	300 gton	ission)
)	d. STREET ADDRESS 766 Northe			3	6		ESIDENCE A FARM?
BRI	NING, JR.	4. DATE OF DEATH	April	h	Doy 22		9 58
Commercial	March 6, 191	0	9. AGE In years loss birthday) 48 yrs.	Months 1	YEAR Doys	Hours	ER 24 HRS. Min.
iph	Hagersto 14. MOTHER'S MAIDEN N	wn, M	d.	12. CITI2		S.	COUNTRY?
	FORMANT PS. Dorothy B		Address		Md.		
16 t	hru skull an Calibre revo	d thrilver)	u brain			VAL BETWI	
BUTN	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	/EN IN PART			AUTOPSY PRMED?
	nter noture of injury in Port temple region			ibre r	evo	lver	

(Stole) Md Hagerstown Wash

> and in my Suicide X. Homicide . Undetermined manner

DATE SIGNED

4-23-58

Rest "aven Cemetery Hagerstown, Maryland

ADDRESS 24g, REC'D BY REGISTRAR Hagerstown. Md.

24b. REGISTRAR'S SIGNATURE

(Stote)

were love and the St. of he are an initial advantage and

BUREAU V. E.

828 1953

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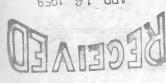
5M 9/55

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MARYLAND STATE DEPAR						
MEDICAL EXAMIN	IER'S C	ERTIFIC	ATE (OF I	DEATH	Reg. [
	II.					

	MEDICA	L EXAMINER	S CERTIFICAT	TE OF	DEATH	Reg. Di	st. NO.5	033
1. PLACE OF DEATH a. COUNTY a shington		MARYLAND	2. USUAL RESIDENCE (V			rion: Reside		dmission)
b. CITY OR TOWN (If outside corporate lim	its, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		porate limits, write	RURAL and	give negrest	lown)
nagerstown	1011 01 11 1		03 Hagers	town				ACCIDENCE.
d. NAME OF HOSPITAL OR INSTITUTE Wash County		The state of the s	Hotel Ha	milto	on		0	RESIDENCE
3. NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Mant	h	Day	Year
(Type or print) CHARI			BURGER	DEATH	April :	13 19	58	19
5. SEX 6. COLOR OR	RACE 7- MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER		NDER 24 HRS.
Male White	WIDOWE	DIVORCED	May 13 190	1	56 yrs.	Months	Days Haur	Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if re	work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign	country)	12. CITI	ZEN OF WHA	AT COUNTRY
Stock Dealer		Self Emplo	yed State	T.ine	Pa	1	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Charles Burge	ייר		No Re	cord				
15. WAS DECEASED EVER IN U. S. ARMI	ED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	0000	Address	+1 -	HE PART	
(Yes, no, or unknown) (If yes, give wor or o	(ales of service)		Robert L. B	urge	r Laure	i Md.		
18. CAUSE OF DEATH [Enter only o	ne cause per line			eliv			INTERVAL BET	TWEEN
PART I. DEATH WAS CAUSED	BY	Open fractures					a bou	
	1-1	Closed fracture and sacre				088		hrs
(o) storing the augerthing	(b) JE TO	Dislocation sy iliac joints	mphysis pubic	e & le	ft sacro			
cause last.		Retro-peritone ontributing to death but				/ENLINE BADS	11-110 111	V28OTILA 2
PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT 20g. EXTERNAL CAUSE WAS PRIMARY El or CONTRIBUTING CAUSE OF DEATH.	CONDITIONS	ONIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INVEDIZEVZ	E CONDITION GIV	VEN IN PAK	YES [2	FORMED?
PRIMARY ED or CONTRIBUTING CAUSE OF DEATH.		e how injury occurred.				car		
20c. TIME OF INJURY Month, Do Hour Kakak Apr. 1	O EO Whil	INJURY OCCURRED e Nat while factors ork at work	ACE OF INJURY (Home, farm tory, street, office bldg., etc. Highway	.)	or town) gerstown	(Cou	vash	(State) Md
21. I certify that I took ch death resulted from: Nate				-			y 🔲, and	d find tha
ACTUAL SIGNATURE & POR	lest	hells	M.D. CHIEF MEDICAL EX	CAMINER [DAT	E SIGNED
EXAMINER'S S. Rob	ert Well	s, M.D.	ASSISTANT MEDICAL			4-1	14-58	
22a. BURIAL, CREMATION, 22b. DATE TO	HEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(\$	tate)
REMOVAL (Specify)				7.7				
220. BURIAL, CREMATION, REMOVAL (Specify) BUT101 4-15 23. FUNERAL DIRECTOR'S SIGNATURE		Rose Hill ADDRESS	Cemetery	7.7	gerstow		rylar	



8361 91 A9A



VS A1S (4) 1SM 10/S7 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5^37 CERTIFICATE OF DEATH

Pen Dist No (15034

					mag. Dist.	
1. PLACE OF DEATH O. COUNTY WASHIN	GTON	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLAN	Vhere deceased lived. If institution b. COUNTY	on: Residence b	
b. CITY OR TOWN (If outside	corporate limits, wr	ite c. LENGTH OF STAY IN 16		outside corporate limits, write R		
RURAL ond give neorest low HAGERS	TOWN	11 DAYS		VILLE RURAL		
d. NAME OF HOSPITAL (IF no			d. STREET ADDRESS	VILLE ROTAL		e. IS RESIDENCE
WASHIN	GTON COL	NTY HOSPITAL	HAGERST	OWN MD.ROUTE	1	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MAY	Middle D'	lost URKER	4. DATE Mon OF DEATHAPRIL 1	_	Day Yeor
		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		EAR IF UNDER 24 HRS.
FEMALE W		OWED DIVORCED	AUGUST 23	1894 63 yrs.	Months Day	
10a. USUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS OR IND			12. CITIZEI	N OF WHAT COUNTRY
during most of working life, HOUSE WIFE	even if retired)	OWN HOME		GROVE WASH.C	OLMD-I	I.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	The same of the sa		
DENTON	LOWERY		CATHER	INE THOMAS		
1S. WAS DECEASED EVER IN U. S	ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ess	
NO	wor or during or service;	NONE	RAYMOND BUR	KER HAGERSTO	WN MD.	R.1
PART I. DEATH (Entrance) PART I. DEATH WAS IMMEDI 570, 2	CAUSED BY:	er line for (o), (b), ond (c).] oronary Occlu	usion		d	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	le Court	esenteris Th	rombosis			ll Days
Wound dehis 200. ACCIDENT WAS UNDER OR CONTRIBUTING I CAU (IF EITHER, NOTIFY MEDICAL	SCENCE I	NS CONTRIBUTING TO DEATH BU ONLY OF THE STATE OF THE STAT	loratory la	poratomy 4/7	EN IN PART 1(c	PERFORMED? YES NO M
20c. TIME OF INJURY Month Hour o. m. p. m.	w w	d. INJURY OCCURRED 20e. F hile Not while work 0 twork 1	LACE OF INJURY (Home, for octory, street, office bldg., et	rm; 20f. (City or town)	(Coun	nty) (Stote)
21. I certify that I at alive on 4/18 ACTUAL SIGNATURE Charl	tended the dec		, 19 <u>58,</u> to h occurred at <u>3:4</u> M.D. <u>Smiths</u>	5BM, fram the causes of ADDRESS (Street, city or town,	nd on the	t saw the deceased date stated above DATE SIGNED 4/19/58
	cles F.	Hess M.D.				
	PRIL 21	77/20 11-01 111	VEN CEMETER		N MD.	(Stote)
23. FUNERAL DIRECTOR'S SIGNA	TURE	DODRESS	24g. REC	APR 2 2 158	STRAP'S SIGNA	TURE

MARYEARD STATE DEPARTMENT OF DESCRIPS TARRY OF STREET HYARORO STADRIVARD. BUREAU W. 8361 88 3dV



DATEAPR 2 3 '58

with director filed after death. funeral 9 shauld filled 24 within campletely popers. deoth. pup carban after certificate haurs death requires that permit. dny burial-transit remayal, P ed by the RECTOR: I be detact prior OK he registrar 3 shau TO FUNERA page

VS A15 (4)

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Coffman Hagerstown Md.

V 8261 22 A9A Andrew ... Vortrant Haserutovan weather

TO FUNERA

VS A1S (4) 15M 9/S5

8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5939

05036 Reg. Dist. No. 3026

1.	PLACE OF DEATH COUNTY Wasningt		MARYLAND	o. STATE	NCE (Where decees	ed lived. If institution b. COUNTY		befare admi	ssion)
-		f outside corporate limits, write	c. LENGTH OF STAY IN 16			orate limits, write RU		e nearest toy	~n)
	7.7	stown	12 Hrs	03	Hagerst	own			
		AL (If not in hospital, give street	oddress)	d. STREET ADD				e. IS RE	ESIDENCE A FARM?
	Wash.	County Hosp	ital	808	B Parke	Rd			D NO D
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h	Day	Year
L	(Type or print)		ELIZABETH	COOKE	DEATH	April 8	1958		19
S.	SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH		9. AGE (In years last birthday)	Months De	YEAR IF UNI	7
_	Fenale	White WIDOW		July 18	1907	50 уп.			
100	auring most of worl	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDI		CE (Stote or foreign				T COUNTRY
_	Upper Fi	tter So Sh	oe Company		amsport	Wash Co		JSA	100
13.	FATHER'S NAME			14. MOTHER'S M					
	- Id	in Hauptman			tha Bril				
	s, no, or unknown)	R IN U. S. ARMED FORCES? 16.		INFORMANT	~	Addr			
	No	117	3-03-3052 Ma	arion F.		08 Parke	Rd		
		ATH [Enter only one couse per li	ne for (o), (b), ond (c)-}	Hage	erstown	M.d.		INTERVAL E	D DEATH
		TH WAS CAUSED BY: ME	assive intra	cerebral	hemorr	hage		70 70 1	ars.
	443X	DUE TO							
	Conditions, if o	ny, which) (b) hy	pertensive	cardiova	scular	disease		unkr	nown
	gove rise to i catse (o), stoting								
_	lying couse lost.) (c)							
101	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIVE	EN IN PART 1	(a) 19. WAS PERE	QRMED?
FIG.								YES Z	№ но 🗆
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING [] 20b. DES CONTROL CONT	CRIBE HOW INJURY OCCURR	ED. (Enter nature of i	njury in Part I or Pa	ert II of item 18.}			N. 30
	20c. TIME OF INJUR	Y Month, Day, Year 20d. I	NJURY OCCURRED 20e. P	PLACE OF INJURY (Ho	ome, farm, 20f. (Ci	ty or town)	(Cou	intv)	sed Store)
MEDICAL	Hour o. m.	While	Not while	actory, street, office b	oldg., etc.)			//	-
>	p. m.			7 10 50	. 410	050			
		at I attended the deceas							
	alive an_Ap	r1 195	8, and that deat	h occurred at		im the causes a Street, city or lown, s			ted abave
	ACTUAL	/ Latitude		7.00					A IE SIGNED
	SIGNATURE	1x Jugman		_M.D100_	Profess	ional Ar	ts.Bl	dg.	1/8/50
	PHYSICIAN'S NAME (Type) W1	lliam T. Layn	nan. M.D.	Hage	rstown			Mary	yland
22	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	ATION (City, town, o	r county)	(Sto	ote)
L	Burial	4/10/58	Rose Hill	Cemetery	Hage	rstown T	Tash.	Co M	d.
-	FUNERAL DIRECTOR		ADDRESS	2	4a. REC'D BY REGIS	TRAR 246. BEGIS	TRAR'S SIGN	ATURE	
A	ndrew K.	Coffman Hag	erstown Md.	0	PATE APR 1	0 '58 (2)	Inea	uch	

MARKIAND STATE DEPARTMENT OF HEALTH-EARTHORE IS ATABLE BOTH ASIAN BOTH TO SEE A N UABRUA 8361 OI 84V THE RESIDENCE OF SHEET STATES OF THE STATES Contrar Hangi reach Addition Advantage A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS

may be refer

VS A15 (4) 1SM 9/S5

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CERTIFICATE OF DEATH 5092

Reg. Dist. No.

05037

1. PLACE OF DEATH	SHINGTON	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	there deceased YLAND	l lived. If institution b. COUNTY	2 5 1 60	before adn	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corpo	rote limits, write RI	JRAL end giv	re nearest to	own)
CT T 1 4 4 5	SPRING	LIFF,	X CLEAR	SPRII	VG			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give str	eet address)	d. STREET ADDRESS				e. IS	RESIDENCE
OK INSTITUTION	RESIDEN	ICE	S. M	ARTIN				□ NO □
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Moni	th	Day	Year
(Type or print)	CHARLES	FUNK	CORBETT	DEATH	APRT	r.	22	19 Kd
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	National Property of the Control of	9, AGE (In years last birthday)	IF UNDER 1		
MATE	WHITE WIDE	OWED DIVORCED	FEB. 11.	1871	87 yrs.	Months D	12 Hou	rs Min.
10a. USUAL OCCUPAT	FION (Give kind of work done to orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar fareign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
RETTRED		FARIATNG	CLEAR	SPRIM	; DTST		IIS.	Δ
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			-	
ISSAC	CORRETT		MARYA	NN FIII	1K			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Addr	ess		
NO	In yes, give was as asset or territory	NONE	JOHN COR	BETT	CL	EAR S	PRINC	G, MD.
Conditions, if gave rise to couse (a), stolin lying cause los PART II. O OO 2 X E OO OR ONTRIBUTING (IF EITHER, NOTIF Hour a. m p. m 21. I certify	Ony, which immediate g the under. 1. (c) DUE TO OTHER SIGNIFICANT CONDITION Pulmonary tub WAS UNDERLYING 20b. 20c. 20c	hile Not while fawork April 9	NOT RELATED TO THE TERMOID D. (Enter nature of injury in ACE OF INJURY (Home, far clary, street, affice bldg., et	AINAL DISEASI Port I or Part m, 20f. (City Cc.) April 5	or town)	(Co ,that I la ,nd on the	(a) 19. W/PER YES	(State)
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT REMOVAL (Special	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			Maryla			23/58
BURTAL 23 FUNERAL DIRECTO	APRIL 25,	ADDRESS ST PAU		D BY REGIST		TRAR'S, SIGN		MD
John +	Clark	CLEAR SPRING.	MD. DATE	2 8 '58	flet.	rduch		

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and the same of the same	The second		
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			Section 19 September 1997
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BUREAU V. E.	ole - in harrios		Output the second of the second
. ¥BB 58 1868			NAME OF TAXABLE PARTY.
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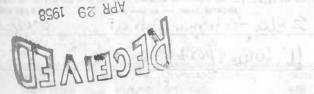
VS A1S (4) 1SM 9/5S M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 593 CERTIFICATE OF DEATH

EATH	Reg. D	Dist.	NO. E	1	3	

			Reg	, Dist. No. O TO
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL	ere deceased lived. If institution, Re AND b. COUNTY WA	sidence before admission) SHINGTON
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16 7 YRS.	c. CITY OR TOWN (IF of RURAL	LEITERSBURG	and give nearest town)
WILLSTAMSPORT SANI	TARIUM	d. STREET ADDRESS RT.#5 HAG	ERSTOWN	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELLA	SUSAN Middle	CRAIG	4. DATE Month OF APRIL	23 19 58
TOTOM AT TO BUILD TOTAL	7. MARRIED NEVER MARRIED NOT	B. DATE OF BIRTH 11/20/187	lost birthdov) Man	ths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSEWIFE	HOME	PENNSY	or foreign country) 12 LVANIA	U.S.A.
AARON MORGRET		JANE MA	Ŷ ^{ME}	
(Yes, Ind. or untragger) (If yes, give wor or dates of serv	in a second	RS. JEAN BR	EITWEISER	ERSTOWN MD.
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY) MEDICAL EXAMINER	Corceiona C	Z Colon	val disease condition given in	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	0b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort 1 ar Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)		(County) (State)
21. I certify that attended the calive on 23 april ACTUAL SIGNATURE PHYSICIAN'S 200	, 1958, and that death		M, fram the causes and a DDRESS (Street, city or Jown, state) & Formar Street	t I last saw the deceased in the date stated above DATE SIGNEE 25 Ceptil
120. BURIAL, CREMATION, 22b. DATE THEREOF	22C. NAME OF CEMETERY O B GREEN HII		22d. COCATION (City, town, or cour WAYNESBORO	
23. FUNERAL DIRECTOR'S SIGNATURE W. J. Marsueut	Haserslaure	240. REC'C	BY REGISTRAR 246. REGISTRAR'	S SIGNATURE





A service of the little of the later was

CERTIFICATE OF DEATH

05039

81

by the funeral director, d 2 should be filed with may be refusined by the haspital or attending physician.

TO FUNERA PIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 str. of be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registral prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/55

1		1)	
-	P	N	P	i
	1	1	P.	

L	5''41	CERTIF	CAII	OF DEATH			Reg. Dist	No.	
1.	PLACE OF DEATH COUNTY WASHINGTON	MARYL	11 .	USUAL RESIDENCE (WHO STATE MARYI		L COUNTY	WASHI		
	b. CITY OR TOWN (If autside carporate limits, write RUBA GIGER STONIAN)	LIFE	N 16	E. CITY OR TOWN (IF OR HAGERSTO		ote limits, write RU	JRAL and giv	ve neare	st town)
	d. NAME OF HOSPITAL (If not in hospital, give street NASMINGTON COUNTY HOS	oddress) SPITAL	1	d. STREET ADDRESS 1101 OAK	HILL	AVE.			IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED Type or print) First MARY	MARTHA		DANZER	4. DATE OF DEATH	APRÏL	lh I	20°y	Year 19 58
	FEMALE 6. COLOR OR RACE 7. MARI	ED DIVORCED		TE OF BIRTH 10/1/1881		P. AGE (In years last birthylay) Oyrs.			UNDER 24 HRS. Hours Min.
L	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	HOME	INDUSTRY	11. BIRTHPLACE (S1010 C		untry)		S. I	WHAT COUNTRY
13.	JOHN IRVIN BITNER		14	ELIZABE		ICE NEW	COME	?	
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. NO punknown] (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	MR.	WILLIAM A	A. DA	NZER ***	AGERS		VN
	18. CAUSE OF DEATH [Enter only one couse per li PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 332 X DUE TO	erebral?						ONSET 2	AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-fying cause lost.</u> (b) DUE TO	un bone	aly	irosclero	rio			Hu	kuowi
CATION	Part II. OTHER SIGNIFICANT CONDITIONS CO 2 X 7:60000	L pulmon	wh	1 tuber	ulori		EN IN PART 1		WAS AUTOPSY PERFORMED? ES NO 18
CERTIF	200. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OC	CURRED. (EH	er nature of injury in P	ort 1 ar Part	11 of item 18.}			Mae
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While at war	Not while	Oe. PLACE (factory,	OF INJURY (Hame, farm, street, office bldg., etc.)	20f. (City	or tawn)	(Co	unty)	(State)
	21. I certify that I attended the decease alive an 4-20, 19. ACTUAL SIGNATURE	18, and that o	,	A	M, fram	the causes and the causes are town, sington St	nd an the	date	
	PHYSICIAN'S John H. Hornbal	ker, M.D.		Hagerst	own, I	lid.			
220	REMODURATIAL 226. DATE THEREOF 4/22/58	ROSE H				ON (City, town, of ERSTOWN		MD.	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Hagerste	twee	240. REC'D DATE AF	BY REGISTR		TRAR'S SIGN		

HIARD TO BEATH SEATH the south at the environment of the spinors of 8381 33 A9A THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5041

CERTIFICATE OF DEATH

05040 Reg. Dist. No.

ashington	MARYLAND	2. USUAL RESIDENCE (VO. STATE		COUNTY	ence before odmission) derson
nearest town)	e. LENGTH OF STAY IN 16 9 months			ts, write RURAL and	d give ricarest town)
		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
Maggie First	Seraptia	Davis	4. DATE OF DEATH	Month April	Day Year 16, 1958
and a de a		July 8m 18	98 9. AGE		ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
rking life, even if retired)		stry Hende:	rson Co.,	N.C. 12. C	ITIZEN OF WHAT COUNTR
Ezekial Seni	tell	14. MOTHER'S MAIDEN		e J. Ju	stus
ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.		, Hagerst	Address Own, Md	
immediate DUE TO	Metasta CONTRIBUTING TO DEATH BU	tie Carece	no ngali Minal disease cond	LASS-	Opprox SRT 1(0) 19. WAS AUTOPSY PERFORMED? PES NO M
'AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Port I or Port II af ite	m 1B.)	
10 While	Not while	PLACE OF INJURY (Home, for octary, street, affice bldg., e	rm, 20f. (City or town		(County) (State
Robert Vh C	1-11	Macan	ADDRESS (Street, city	auses and an	l last saw the deceas the date stated above DATE SIGN
IDDEY! VIL.	00 110 7 0 91	1100	Journ	1/10	
	Convalescent First Maggie 6. COLOR OR RACE white Widow ION (Give kind of work dane) ION (Give kind of work dane) Ezekial Sent (ER IN U. S. ARMED FORCES? Iff yes, give wor or dates of service) EATH (Enter only one cause per limited) ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which immediate g the under. THER SIGNIFICANT CONDITIONS. (C) THER SIGNIFICANT CONDITIONS. (AS UNDERLYING [] G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year 20d. I While of word	Seraptia Middle Seraptia	(If outside corporate limits, write c. LENGTH OF STAY IN 1b GOWN Sown Sown Sown Sown Sown Street Nown (In Gown Sown So	(If outside corporate limits, write commenced flows) Convalescent Home	CONVAILED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IS OF INJURY (Home, form, 120f. (City or town) fortunal file of the decase and on ADDRESS (Street, city or town) fortunal file of the decase and on ADDRESS (Street, city or town).

offlynogen Tarasan ad the a tarasa . 9.E .. 00 norrabneh tyrinini affiner draini Semesia Burth Brown, Harry valore, Man. BUREAU V. S. ort as indicate and faithment than spitting 2-10. 8361 12 APA Actionable visions population 87-01sacts A. Mismich & Jon, Pagesstown, Mc. mm 8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5042 CERTIFICATE OF DEATH

05041

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Lieschington	MARYLAND	O. STATE		b. COUNTY			sion)
Washington	c. LENGTH OF STAY IN 1b		aryland	** ** **		ington	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	17 days	Rural	Hagerst	porote limits, write	KUKAL ond giv	e nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washington County Hospital		d. STREET A		/		ON	SIDENCE A FARM? NO 🔯
3. NAME OF DECEASED (Type or print) ZEBULON T	Middle Pilden	DE HART	OF		nth	Doy 15	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	er 1.1887	9. AGE (In years lost birthday) 70 yrs	Months D	YEAR IF UND	
10a. USUAL OCCUPATION (Give kind of work done 10b.					-	EN OF WHAT	COUNTRYS
during most of working life, even if retired)	Railroad	Patr	ick County			U.S.A.	
Starrel Rufus De Hart		Tar	rear Adeli	ne Bowers			
		INFORMANT	vsey Adeli		dress		
(Yes, ne. or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per li	705-10-6781	Mrs. Vio	let F. De	Hart Hag	erstow	n, Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under: lying couse lost. Conditions (b) DUE TO DUE TO Couse (a), stating the under: Couse (b), stating the under: Couse (c), stating the under: Couse (c), stating the under: Couse (c), stating the under: Couse (d), stating the under: Couse	Enphysen		newysman Dioc	ase condition of	VENINA	5 min	1.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONT	CONTRIBUTING TO DEATH BE	JI NOI KELATED TO	THE TERMINAL DISE	ASE CONDITION G	VEN IN PAKI I	PERFC	PNO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED. (Enter noture o	f injury in Part 1 or I	Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. Il While p. m. 19 at wor	Not while f	PLACE OF INJURY (I lactory, street, office		Cily or town)	(Co	unty)	(State)
21. I certify that I attended the decease alive on Actual SIGNATURE PHYSICIAN'S	ed from June 20 S.,, and that deal	th accurred at				date state	
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY		22d. LO	CATION (City, town,	or caunty)	(Sta	le)
Burial 4/18/1958	Rest Haven	Cemetery	Ha	gerstown		Maryla	nd
23 FUNERAL DIRECTOR'S SIGNATURE Super-Rouzer Funeral Home	ADDRESS Hagerstown	Ma	24a. REC'D 8Y REG		ISTRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A may be retained by the hospital or attending physicion.

TO FUNER. IRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shallow be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1

the registrok priar to buriol, cremotion, or removal, and in any event within 72 hours

BUREAU V.

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THATCHOUT ADRIVED : 1110E . M. Tal Mon Street Land Distriction, Training 8391 3.1 A9A

death. Page

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T. S CHRITIPICATE OF DEATH

8561 88 1958

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No 15144

10

IF UNDER 1 YEAR IF UNDER 24 HRS Doys

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

(County)

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

IS RESIDENCE

ON A FARM? YES NO

Year

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THE STATE OF THE STATE OF	- GA		ACH OF THE ST
	E VIGH		ALC: NO PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
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	lake a series artists. The		
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BORTON A: 1028	August 1	rings and the second	of which is a dispersion of
8361 11 1008	SAARA DE	. tor James	Application for the second sec
UZI V 13/5/5/6	Agentin Section		
MISIONA		A Service Start	

M	17.	Reg. Dist. No.	
	1	1). PLACE OF DEATH o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Washingt	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares RURAL and give neares town) Hagerstown 42 yrs. C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	st fown)
00		ORINSTITUTION C+	IS RESIDENCE ON A FARM? YES NO
	3.	3. NAME OF DECEASED (Type or print) MARY WATTS FALES OF DEATH April 20	Year 19 58
	L	remate willte widowed bivorced Nov.12,1000 77 yrs.	F UNDER 24 HRS. Hours Min.
I	L	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Own home Bedford, Va. U.S. 13. FATHER'S NAME	WHAT COUNTRY?
	L	Robert Henry Bell Elizabeth Ann Bower	
		ONICE A 1 ONICE	
		Conditions, if any, which gave rise to immediate coese (o), stating the underlying couse lost. MMEDIATE CAUSE (o)	munics
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. SINCLE LIM 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CER		(State)
		21. I certify that I attended the deceased from April 19, 1958, to April 20, 1958 that I last saw alive an April 19, 1958, and that death accurred at 7:00 AM, from the causes and an the date ADDRESS (Street, city or town, state)	
1		PHYSICIAN'S Howard N. Weeks, M.D. Hagerstown. Maryland	il 21, <i>19</i> 3
	22	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL Specify 4/22/58 Rest Haven Cemetery Hagerstown	(State) Md.
B		23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Inc. Hagerstown, Md. ADDRESS 1601 Penna. Ave. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 2 '58	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE ON A FARM?

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PERFORMED? YES NO

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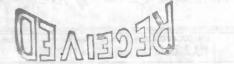
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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5047 CERTI	FICATE OF DEATH Reg. Dist. No.
. PLACE OF DEATH o. COUNT Washington MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 48 yea	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTIONS. Mulberry St.	d. STREET ADDRESS 260 S. Mulberry St e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
NAME OF DECEASED (Type or print) Norman Stanley	Grimes 4. DATE Month Doy Year Of DEATH April 23 1958
Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCEE	Dec. 4, 1887 70 yrs. Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile	
Amos Grimes	14. MOTHER'S MAIDEN NAME Alice Lochbaum
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) 214-09-230	Mrs. Pearl Grimes Hagerstown Md.
couse (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA Bronchial asthma, pulmor	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMENT YES NOT
	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Janua	death occurred at 5: COPM, from the causes and an the date stated above ADDRESS (Street, city or town, state) P.M.D. 100 Professional Arts Bldg. 4/24/ Hagerstown Maryland
Burial 4-26-58 Shankton	TERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Wn Cemetery Near Big Pool Md.
Scott F. Minnich & Son Hager;	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Stown Md. DATAPR 2 8 158

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relayined by the haspital or attending physician.

TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 sha, d be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 d 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4	may be relatived by the hospital or attending physician. TO FUNER. IRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 showld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remover, and in any event within 72 hours after death.

1 2 181	/	5048 CERTIFICATE OF DEATH	st. No.
director		o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE) b. COUNTY MARYLAND	Salve tow
funeral funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and a RURAL and give nearest town) 1498 1500 150 405 444 4805 1000 100 100 100 100 100 100 100 100	give nearest town)
by the	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WESTERN! Md State HOSPITAL LOUTE 4	e, IS RESIDENCE ON A FARM? YES NO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N. NAME OF DECEASED (Type or print) William HANGE HANGE (Type or print) William HANGE HANGE (Type or print) William HANGE HANGE (Type or print) William HANG	Doy Yeor 7 1958
pletely f		MALE White WIDOWED DIVORCED AN 15 1869 lost Schoot) Wonths	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
nd com		WATER METER FESTER RETIRED CAUETOUIN - Med	IZEN OF WHAT COUNTRY?
sicion o	ľ	JAMES HAMBY HAMBY RODINSON	
ing phy: e remo: 72 hou		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (19 year, give world dates of service) NO NE LUTH Shockey 1236 WABASH	HAGSAS town
and a dear		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULLED A PART Ed SIVA A Let COURESTIEN	INTERVAL BETWEEN ONSET AND DEATH
d by the		Conditions, if ony, which) DUE TO Ataleatasis	3 days
ion.)	gove rise to immediate couse (a), stating the under- tying couse last. DUE TO Puly CRAPE GORANGE SELYA	10 YEARS
physici physici has bee rial-tro	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CORCLARY A HIEROGEROSS	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Ifficate the bu		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
tal ar a this cer use a use a cremation		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work 19 of work (City or town)	County) (State)
R: After oched for ourial, o	3	alive an APOIL 7. 1953, and that death occurred at 7.30 p.M. from the causes and an the	last saw the deceased he date stated above.
RECTO I	,	ACTUAL SURANTER La Condegral M.D. WESTERN (Ad State)	DATE SIGNED
short pristrar pr		PHYSICIAN'S EVARISTO R LANdizabal HAGENSTOWN, Md.	
poge 3		20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL APRIL 10 REST HAVEN + 4 GERSTOW	N (Stole) Md.
VS A1S (4) 15M 9/S5	2	ANDREW K. COFFMAN - HAGERSTOWN DATE APR 1 0 '58 246. REGISTRAR'S SIGNATURE APR 1 0 '58	inatur duch

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5049 CERTIFICATE OF DEATH

Reg. Dist. No. 05051

1. PLACE OF DEATH o. COUNTY Washington	MARYLA		2. USUAL RESIDENCE (Marv)		d lived. If instituti b. COUNTY		before odmission)	
b. CITY OR TOWN (If outside corporate limits,	, write c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		prote limits, write R			
RURAL ond give necrest town) Hagerstown	8 hours		03 Hagerst	town				
d. NAME OF HOSPITAL (If not in hospital, give			d. STREET ADDRESS	00 112			e. IS RESIDENC	E
Washington County Ho	spital		523 Gord	don Cir	cle		YES NO	
3. NAME OF DECEASED (Type or print) CAROLINE	Middle JENK TNS		lost HARR	4. DATE OF DEATH	Mon	nth	Day Year	Q
	7. MARRIED M NEVER MARRIED		DATE OF BIRTH	DEATH	445.4 444	HE HAIDER I	3 1958 YEAR IF UNDER 24 H	
73 3 9-2 4 1	WIDOWED DIVORCED		January 24,	1917	9. AGE (In years lost birthday)		Days Hours Min	-
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR	INDUST				12. CITIZ	EN OF WHAT COUN	ITRY
Housewife 13. FATHER'S NAME			Hagerstov		yland		U.S.A.	
Harvey H. Hey	rean Sn				Tenkins			
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INF	ORMANT	Jereu 6	Vqq	ress		
(Yes, no, or unknown) (If yes, give wor or dates of serv	none		ll I. Harr		Hagerst		[a ສະບ ີ] ລກຕີ	
18. CAUSE OF DEATH [Enter only one caus			2. 122			01111	INTERVAL BETWEEN	N
PART I. DEATH WAS CAUSED BY:	Cancer of floor	r of	mouth				ONSET AND DEAT	
143X DUE TO								
Conditions, if ony, which gove rise to immediate (b)	Hemorrhage from	m fl	oor of mout	h			Unknown	
couse (o), stoting the under-							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
lying couse last. (c)_								
PART II. OTHER SIGNIFICANT CONDI	THORS CONTRIBUTING TO DEATH	H ROL M	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	PERFORMED?	2
PART II. OTHER SIGNIFICANT CONDI	0b. DESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Par	t II of item 18.)			9
20c. TIME OF INJURY Month, Doy, Year		De. PLAC	E OF INJURY (Home, for	m, 20f. (City	r or town)	(Co	ounty) (Sto	ate)
20c. TIME OF INJURY Month, Doy, Year Hour a.m. p. m.	While Not while at work at work	tacta	ry, street, office bldg., e	(c.)				
21. I certify that I attended the d	deceased from Febria	ary	14, 19, 58, to	Moril	3 19_58	that I lo	ast saw the dece	ase
	, 19_58, and that d							
1 1	0'0-	7			treet, city or town,		DATE SIG	
SIGNATURE HUGO G. S	facile!	/M.	D. 251 E. J	Baltimo	ore St.		4-4-58	
PHYSICIAN'S NAME (Type) Hugo A Secol	het M.D.		Hager	stown		Naı	yland	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)	
Burial 4/5/1958	51000 C 22011 C	n Ce	emetery	Hag	erstown,		Naryland	
23. EUNERAL DIRECTOR'S SIGNATURE Suter Rouzer Funeral	Home Home			C'D BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	NATURE	
R. Franklin Rossen	Hagerstow	n, I	Id. DATEAD	R 7 '5	8 1912	Leave	k	

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02/	5°50 CERTIFICATE OF DEATH Reg. Dist.	U505%
	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY MARYLAND	before admission) HINGTOR
M	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TACERSTO IN 10 LIKISTH OF STAY IN 1b C. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIKISTH OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
9/	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ASHIVETUR O. HOSP,	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ANA ELIZABETH HOLLAND DEATH A DRIL 6, 19	Day Year 58 19
	FEMALE WHITE WIDOWED DIVORCED MAY 23, 1867 Gost birthday) Months D.	YEAR IF UNDER 24 HRS. Bys Hours Min.
- /	JOSSEKEEDER (O. MO.	S. A.
	JOSEPH L. HOLLAND ISABELLE OTTO	
15	of the control of the	4 SARINES,1
	IMMEDIATE CAUSE (0) CHILLE CAUSE (0)	INTERVAL BETWEEN ONSEL AND DEATH
	Conditions, if any, which gove rise to immediate DUE TO	
z	couse (o), stoting the under- DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	all 19 WAS AUTOPSY
PICATIO		PERFORMED? YES NO
AL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED Hour a. jr. p. m. 19 While at work a	
	21. I certify that I attended the deceased from /// 17, 1953, to 12. M, from the causes and an the	
	ACTUAL SIGNATURE M.D. Clear Horning Meg	DATE SIGNE
1	PHYSICIAN'S David R. Brewer	/ /
0 0	REMOVAL (Specify) 45-58 ZZC NAME OF CEMETERY OR CREMATORY ZZO LOCATION (City, town, or county)	(Stote)
WX 33	ADDRESS V 240, REGISTRAR 246, REGISTRAR'S SIGN	ATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HITASO TO STADRINGO IN SOC. . Charles Agent Among all this epoches wines L. T. and our world will a control of the same stopped and new control of 856! 6 HdV

ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Potomac - Hageis

Cemetery

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Paul Harrison, M.D. - 318 N. Potomac St.-Hagerstown 22b. DATE THEREOF 220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Rose Hill

240. REC'D BY REGISTRAR

agerstown Wash 24b. REGISTRAR'S SIGNATURE

Coffman Hagerstown Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 dAd 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SS

		50:	2 CERTII	-ICA	E OF DEAT	H		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	ashington	1	MARYI		USUAL RESIDENCE (W	there deceased yland	lived. If instituti b. COUNTY		before odmission) hington
b. CITY OR TOWN (I RURAL and give no Hagerst		ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		ate limits, write R	URAL and giv	e nearest tawn)
d. NAME OF HOSPIT	AL (If not in hospital, g	ty Ho	ddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES		Middle DERICK	НО	Lost USE	4. DATE OF DEATH	Apri.		Day Year 19 58
5. SEX	6. COLOR OR RACE White	7. MARRII	DIVORCED		ept.8,187		9. AGE (In years last birthday) yrs.		YEAR IF UNDER 24 HRS. oys Hours Min.
10a. USUAL OCCUPATIO during most of work	(ing life, even if retired)	dane 10b. K	a: a	INDUSTR	Burkett		CL -		USA
3. FATHER'S NAME Samuel	House				4. MOTHER'S MAIDEN	NAME Letz	4		
1S. WAS DECEASED EVE Yes, no, or unknown NO	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFO	s. Susan	House-	-128 Hi		Hagers.
Canditions, if a gave rise to it cause (a), stating lying cause last.	the <u>under-</u> DUE TO)							
CATIC			None.		T RELATED TO THE TERM			'EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO T
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OF	CURRED. (Enter nature af injury in	Part I ar Part	II of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	JURY OCCURRED Nat while at wark	20e. PLACE factor	OF INJURY (Hame, far y, street, affice bldg., et	m, 20f. (City	or town)	(Co	unty) (State)
	at I attended the oril 12,			6 death a		ADDRESS (St	the causes o	ind an the state)	st saw the decease date stated above DATE SIGNE , $4-14-58$
PHYSICIAN'S NAME (Type)	R.A.Bell	1, M.	.D.		Hagers	town,	Maryla	nd.	
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIEL			22c. NAME OF CEME Funkston		emetery	-	lon (City, town, onks town-		(State)
23. FUNERAL DIRECTOR			ADDRESS			'D BY REGISTI		STRAR'S SIGN	471100

8391 31 . A9A Cortinan-Hagon cont., Marchand conserve

Scott F. Minnich & Son, Hagerstown, Md. DATE

Reg. Dist. No.

05056

1. PLACE OF DEATH 0. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Washington								
	b. CITY OR TOWN (RURAL and give of Hagersto	(If outside corporate limi legrest town) WID	ls, write	7 weeks	Ъ	c. CITY OR TOWN			te limits, w	rite RUR	AL ond	give ried	rest town)
	d. NAME OF HOSPI OR INSTITUTION Washing	TAL (If not in hospital, gton Count	y Ho	spital	1	d. STREET ADDRES		timo	re S	it.			e. IS RES ON A YES	FARM2
	NAME OF DECEASED (Type or print)	Hanna		Viola	Н	unt	4.	DATE OF DEATH	A	Month pri	1	21	'	^{Yeor} 58
	sex frmale	6. COLOR OR RACE white	7. MARR	DIVORCED		ot. 24,	188		AGE (In y		Months	Days	Hours	R 24 HRS. Min.
100	during most of war housewi	king life, even if retired		KIND OF BUSINESS OR IN	NDUSTRY	Frostb					12. CI	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME	William H	awki	ns	1	4. MOTHER'S MAID	EN NAM	Rac	hael	Ly	ons			
15. (Ye	WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war ar dates of H		no no	7. INFO		od,	Funk	stow	Addres	Md.			
NOI	PART I. DE/ 420.0 Conditions, if a gave rise to i cause (a), stating lying cause last.	the <u>under-</u>	, ω	of (a), (b), and (c).] VIETUS - F	BUT NO	PRELATED TO THE T	ERMINAL	Lew Disease o	CONDITION	J. GIVEN	I IN PAR	ONS	P. WAS	DEATH
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injur	y in Part	I or Port II	of item 18	i.)			PERFO YES	NO 4
MEDICAL	20c. TIME OF INJUI Have o. gr. p. m.	RY Month, Day, Yea	While of work	_ Not while	PLACE foctory	OF INJURY (Home, , street, office bldg.	farm, 2	20f. (City or	r town)		(County)		(Stote)
	21. I certify the alive an	Sind A	decease 19_5	ed fram Fet 2 8, and that de	ath ac	, 19.5 6 to curred at 5 /		M, fram (PRESS (Street	the caus	es and	d on t		e state	deceased above
220	NAME (Type)	ON, 226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR CR	EMATORY	220	. LOCATIO	ON (City, to	wn, or	county)		(State)

Frostburg Mem. Park

240. REC'D BY REGISTRAR APR 2 4 58

246. EGISTRAT'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5984 CERTIFICATE OF DEATH

05057

Rea. Dist. No.

				11						
1. PLACE OF DEATH o. COUNTY	hington		MARYLA	11	USUAL RESIDENCE (V D. STATE Marvlar		ed lived. If institut b. COUNT	6	neto:	
b. CITY OR TOWN (If outside carparate limi	ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF		orote limits, write			
RURAL ond give n	ewn, Maryl	and	50 vrs	10:	Kagerst	awn	Manarlas	-4		
d. NAME OF HOSPI	TAL (If not in haspital, g				d. STREET ADDRESS	- AMIT	Maryla	119	e. 1	S RESIDENCE
OR INSTITUTION				1	and the second	2.4	Ama			ON A FARM?
	on County				136 Wil		AVE			
3. NAME OF DECEASED (Type or print)	Charles	31	Allen	3	aekson	4. DATE OF DEATI	Mo H		21	19 58
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D/	TE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Male	Colored	WIDOWE			1 × 20 18	398	last birthday)		Doys H	ours Min.
00. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTRY					IZEN OF V	VHAT COUNTR
Labere:	king life, even if retired	G	ardener		Shepher	raston	wn W. Va		USA	
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Bert J	aekson			200	Milly Mc	Cann				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INFOR			Ade	dress		
	Werld War	9 -	15-14-1679	9 Wa	alter Jac	ksen	Rt.#3	Hagers	stown,	Md.
	ATH [Enter only one co	use per ling	for (a), (b), and (c).	An	11. x h	Laca				AL BETWEEN
	IMMEDIATE CAUSE (o		Michael	rour	pen N	2000			1./	Ter
Conditions, if o			the Litter	Ru	2				2	year
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PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PAR	P	VAS AUTOPSY PERFORMED?
200. ACCIDENT WAR	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Er	nter noture of injury in	n Port I or Po	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m.	RY Month, Doy, Yes	While	JURY OCCURRED 20	Oe. PLACE (OF INJURY (Home, for street, office bldg., e	rm, 20f. (Ci	ty or town)	(0	County)	(Stote)
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V	hilip J. Hi	rshma	ın, M.D. 159	9 W. 1	Vashington	St.	Hagerston	wn. Ma	rvlan	d
20. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMET				ATION (City, town,			(State)
REMOVAL (Specify)	4-25-		Rese Mil	7 Cer	meterv		erstewn		sel a m	
3. FUNERAL DIRECTOR			ADDRESS	1 00	10	C'D BY REGIS		ISTRAR'S SIG	VIAN	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. Z.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital or attending physician.

O FUNERA

RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shells, die detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERA page 3 shill TO HOSPITAL

			505	CER	TIFICA	ATE OF D	EATH			Reg. Di	st. No.	UU	000
1.	PLACE OF DEATH . COUNTY Washin	gton	0 0	M	ARYLAND	2. USUAL RESID o. STATE MS.TV1			ved. If institution b. COUNTY		ice befor	e admiss	ion)
Г		Foutside corporate limi	ts, write	c. LENGTH OF ST					e limits, write R		give neo	rest town	1)
	Hager			32 Yr	8	03 Ha	gerst	town		. 11			
	OR INSTITUTION	AL (If not in hospital, g	jive street o	ddress)		d. STREET AI	-	vey Av	те				PARM?
3.	NAME OF DECEASED (Type or print)	EMMA Fir	st	RUTH Mid	dle	KAUFFM		4. DATE OF DEATH	April		Dog 358		Year
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MA	RRIED	B. DATE OF BIRTH	1	9.	AGE (In years	IF UNDER			
L	Female	White	WIDOWE	DIVOR	CED 🗌	May 18	1888	3	lost birthday) 69 yrs.	Months	Days	Hours	Min.
10	during most of work Housewi	ON (Give kind of work king life, even if retired	done 10b. K	Own H		Guilf			Win Co Penna	12. CIT	US		COUNTR
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
	David	Clugston				Ma	rtha	Renne	ecker				
	. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY	NO. 17. H	NFORMANT		4-1-1-1	Add	ress	8-49	-45	
1	No	(if yes, give wor or dates or s		one	Jam	es W. K	auffi	man 85	51 Dewe	ey Ar	ve		
2	Conditions, if a gave rise to it cose (o), storing lying cause last.	mmediate (/ /		haves NOI RELATED TO		AND DISEASE O	CONDITION GIVE	VEN IN PAR	C 1(0) 13	5 2.	nv AUTOPSY
CERTIFICATION										LIN IIN I AK	1 1(0)	PERFO	RMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJUR	OCCURRE	D. (Enter nature of	injury in Po	ort I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. IN While at work	JURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (F ctory, street, office	dome, farm, bldg., etc.)	20f. (City o	r town)	(4	County)		(Stote
	21. I certify the	nat I attended the	decease			accurred at	10 4	M, fram		,that I			
	ACTUAL SIGNATURE	SW.	Ru	1		M.D.	med de	DDRESS ISTE	et, city or town,	state)	1	4/2	TE SIGN
	PHYSICIAN'S NAME (Type)	In 2002	Octi	A.		11-61	celle	m 1	hy		1/7	15/	4
-	Burial Crematic REMOVAL (Specify)	4/4/58)F	Rest Ha	EMETERY O	R CREMATORY Semeter	1	22d. LOCATIO	OWN (City, town, o	ash.	Co	(Stote	e)
	. FUNERAL DIRECTOR		Here is	ADDRESS			24a. REC'D	BY REGISTRA	1 6 0 0 0	STRAR'S SIG	GNATUR	E	
	Andrew K.	Coffman	Hage	erstown	Md.		DATE AP	7 '58	000	T- ROW			

		MARYLAND STATE DEPARTMENT
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Reg.	Dist.	No.	302	

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL

c. LENGTH OF STAY IN 16			Washington			
18 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown					
idress) ital	d. STREET ADDRESS 150 S. Mul	Lberry Street	IS RESIDENCE ON A FARM? YES NO			
Middle TRENE	Lost KEIEDY	4. DATE Mont	Day Year 28 19 58			
	B. DATE OF BIRTH May 1, 1891	9. AGE (In-years lost birthdoy) 7. yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 27			
IND OF BUSINESS OR INDU		The second secon	12. CITIZEN OF WHAT COUNTRYS U.S.A.			
t. z .						
OCIAL SECURITY NO. 17. II	NFORMANT	Addr	rstown, Md.			
ntestina	lobstruinomaet	Colon	INTERVAL BETWEEN ONSET AND DEATH 2 WK.			
ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO			
RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)				
Nat while fac	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	occurred at 7:20 f	M, from the causes a				
Rose Hill C	emetery 240. REC'D		Maryland STRAR'S SIGNATURE			
	TRENE ED NEVER MARRIED DIVORCED DIVORCE	Middle IRENE KEEDY ED NEVER MARRIED B. DATE OF BIRTH May 1, 1891 IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Hagerstown 14. MOTHER'S MAIDEN N MAJ OCIAL SECURITY NO. 17. INFORMANT O-05-6961 Mr. Clarence G. ofor (o), (b), and (c).], n testinal obstru DIVITIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN RIBE HOW INJURY OCCURRED. (Enter nature of injury in P May OTHER HOW INJURY OCCURRED. (Enter nature of injury in P ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN AND	Middle TRENE KEEDY A. DATE Monitor			

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NAME OF

5. SEX

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Rest Haven Funeral Chapel Inc. Hagerstown, Md. Lev. G. Stort

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death. m 0 VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

Andrew K. coffuen

HAGERSTOWN MD

Rose

ADDRESS

05062 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO NO Month Day Year 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? Address Rowland INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED? YES NO

(County)

(State)

(State)

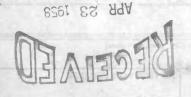
M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

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TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEATH o. COUNTY Washington

MARYLAND b. CITY OR TOWN (If outside corporate limits, write

c. LENGTH OF STAY IN 16 3 weeks

Middle

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION

Hagerstown d. STREET ADDRESS

Middlekauff

Mrs. Guy Harbaugh

109 Fairground Ave..

4. DATE

OF DEATH

. IS RESIDENCE ON A FARM? YES NO K

Year

19 58

NAME OF DECEASED (Type or print) Mary 5. SEX

Wash. Co. Hospital

Levi Montgomery

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

RURAL and give nearest town) Hagerstown

> Catharine 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED white WIDOWED

B. DATE OF BIRTH 12-15-1879 9. AGE (In years last birthday)

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

Day

21

Washington

100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

home

none

Hancock. Md. 14. MOTHER'S MAIDEN NAME

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

13. FATHER'S NAME

no unk

female

Mary Manning 17. INFORMANT 16. SOCIAL SECURITY NO.

Address

Hagerstown, Md.

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

DUF TO

(c)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and, (c).]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY I Home, form,

20f. (City or town) (County)

(State)

DATE SIGNED

21. I certify that

REMOVAL (Specify)

Hour o.m.

Not while of work at work l attended the deceased from

factory, street, affice bldg., etc.)

alive on

and that death occurred

ADDRESS

M, from the causes and on the date stated above

19 Jathat I last saw the deceased

ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF

Hagerstown, Md.

22c. NAME OF CEMETERY OR CREMATORY Rest Haven

22d. LOCATION (City, town, or county) Hagerstown

(Stote) Md.

Fred W. Kraiss

23. FUNERAL DIRECTOR'S SIGNATURE

24o. REC'D BY REGISTRAR

APR 2 3 '58

246_REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5963 CERTIFICATE OF DEATH 05067 Reg. Dist. No. 302

												
1. PLACE o. CO		ington		MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary)		l lived. If institution b. COUNTY	Wast				
b. CIT		autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	Hagerst			7 days	03 Hagerst	town,						
OR	INSTITUTION	AL (If not in hospital, g			d. STREET ADDRESS	7 D				IS RESIDENCE ON A FARM?		
		ton County	HOS	olval	726 Inter	al ro	ad			YES NO DE		
3. NAME DECEA (Type	E OF ASED ar print)	ROSTE	st	Middle CATHERINE	MTSNER.	4. DATE OF DEATH	April	th	16	Yeor 19 58		
5. SEX		A COLOR OR PACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IE UNDER 1	YEAR II	F UNDER 24 HRS.		
Fem	ale	White	WIDOW		June 7, 1880		lost birthday) 77 yrs.			Haurs Min.		
10a. USU	AL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote	ar fareign co	ountry)	12. CITI	ZEN OF	WHAT COUNTRY		
Hou	sewife	ing life, even if retired	<u>'</u>		Frederick	Co. M	d.	ι	J.S.	A.		
M3. FATH	ER'S NAME				14. MOTHER'S MAIDEN N	IAME						
	J	ames O. Gr	een	and the second	Sara	ah Lew	is					
15. WAS		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess				
no	onanown)	If yes, give war or dates of s		220-10-3380	Mrs. Lola C. 1	Leibol	dt Hage	erstow	m, l	Md.		
1B.		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	-	cine for (a). (b). and (c).] Cerebral	Hemor	rha	ae_			LAND DEATH		
3	3/X	DUE TO				,	0					
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	g cause lost.) (c										
CERTIFICATION OB CO (IE EI	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART		PERFORMED?		
	ONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in f	Part I or Port	II of item 18.)		12			
WEDICAL	TIME OF INJURY Haur a.m. p.m.	Y Month, Day, Ye	White		LACE OF INJURY (Hame, farm octary, street, office bldg., etc.	, 20f. (City	ar tawn)	(Ce	ounty)	(Stale)		
21.	I certify the	at I attended the	deceas	sed from 1-20	1957, 10	4-	16. 1958	that I lo	ast saw	v the decease		
aliv	e an	4-15	., 194	8, and that deat	h occurred at 5							
	0	000	free	11	The State of	ADDRESS (SI	reet, city ar town,	state)		DATE SIGNE		
SIGN	JAL JATURE	arks &	1/	Hess	M.D				4-	16-58		
	SICIAN'S C	harles	F	Hess M	I.D .	Sm	ithsb	UYQ		Md.		
220. BURI	IAL, CREMATION	1 1 1 1	-10	22c. NAME OF CEMETERY		22d. LOCAT	ION (City, town, o	r county)		(State)		
Bur	rial.		958	Mt. Bethel C	emetery	Fr	ederick (
		signature er Funeral	Hom	e Hagerstown.	Maryland _{DATE}	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5964 CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr 05068

1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE yland	pere deceased lived. I	If institution: Res COUNTY a.S.	idence befo	re admission)	
b. CITY OR TOWN (I RUBAL and give no Hagers		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limit gers town	s, write RURAL	and give nec	arest town)	
d. NAME OF HOSPIT	TAL (If not in haspital, give street ton Co. Hosp		d. STREET ADDRESS	st Washin	ngton	Stree	e. IS RESIDENCE	M?
3. NAME OF DECEASED (Type or print)	Fint Paul	Russel	Mullenix	4. DATE OF DEATH	April	9,00	Year 1958	8
5. SEX	White widow	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 22,19	03 54	irthday) Man		Hours M	
Commander	ON (Give kind of work done 10) king life, even if reticed) Un	it America	USTRY 11. BIRTHPLACE (Stole Hagers	or foreign country) stown Md.			S. A.	NTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
		lenix		izabetth		hite		
	tif was also were as dates of compact		INFORMANT	5 C L L L L L L L L L L L L L L L L L L	Address			
VIO		213-18-9943 M	rs Grace Mi	ullenix	652 W.1	Nashi	ngton	St
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary Th	rombosis			INTI ONS 1	ERVAL BETWEE SET AND DEAT 8 hour	TH
Canditions, if o gave rise to i ccese (o), stating	my, which (b)	Generalized	Arterioscle	erosis.			?	
PART II. OTH) (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN	PART 1(a) 1	9. WAS AUTOI PEREORMED YES A NO)?
	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	Part I ar Part II of ite	m 18.)			
Hour a.m. p.m.	19 Whil	e Not while ork at work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.			(County)		tate)
21. I certify the olive on A	not I attended the deced	sed from Feb. 22, 58, and that dea	th occurred at 8:00	PM, from the c ADDRESS (Street, city th Potom	ouses and o	t I last so n the da	the dece te stated at DATE SI 4-11-	bove.
PHYSICIAN'S NAME (Type)	R.A.Bell, M	.D.	Hagersto	own, Mar	yland.			
REMOVAL (Specify)	April 12/5	22c. NAME OF CEMETERY Rest Have		22d. LOCATION (Cit	y, town, or cour rstown		(State)	
23. FUNERAL DIRECTOR Andrew K,		address gerstown. Ma		V	Ab. REGISTRAR	- //	RÉ	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 PRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral directar of be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed—at RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3.2. And be detached for use as the burial-transit permit. Then please remave carbon pap the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL TO FUNER VS A1S (4) 1SM 9/SS

	CWITTH SET HELD THE		
	HEARTH OF BEATH		
			and street
De Old Const			
ATT LYNCH			
	20 50UL-18 BB/S	Figure at Little con 1 1 1	
4 . A . A .	A Large upper 10.		
and the second	Alice Company	the reput	
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8261 21 AAA	no est cont (A TIP) e Liga become		
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		and Augustown. Jus	and the world

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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										·	
1. PLACE OF DEATH	lo alo tro outro	SEN			2. USUAL RESIDENCE (V		d lived. If institu				
	ashingto		c. LENGTH OF STAY I		nai. A			Was.			
and give nearest town)		FRURAL	4 Vrs.		c. CITY OR TOWN (III			KUKAL gnd	i Sive u	edrest to	wn)
Big Pool		16 4 !- h	. 0		A. STREET ADDRESS	Poole	MG.			1. 10.01	ESIDENCE
Big Poo		ir nor in noss	pital, give street oddress			Poole				ON	A FARM?
3. NAME OF -DECEASED (Type or print)	Eno		Washingto	on.	Newlin	4. DATE OF DEATH	Month April		Day 28		9 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D. NEVER MARRIED		ATE OF BIRTH	1	P. AGE Jin years	IF UNDER	LYEAR	IF UND	ER 24 HRS.
Male	White	WIDOWED	DIVORCED	7 F	eb. 22 19	109	49 yrs.	Manths	Days	Haurs	Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR I			or foreign co	. /	12. CITI	ZEN O	F WHAT	COUNTRY?
during most of working Farmer	g lite, even it relired)	Fo	arm		Williamsp	ort Me	d	U.	S. A	1	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN				-517	hert.	
Do	orsey New	lin		215	Bert	ie Br	ill				
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. INF	ORMANT		Address				1,000
NO	Ilf yes, give wor or dotes of	151	4 28 5835	Mrs	. Marie N	[ewlin	Big F	oole	rld	1.	
	H [Enter anly one cau	se per line f				31.00			INTER	T AND DE	ATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute Co	oron	ary occlusion	on				8-1	vis
420.1	DUE TO										
Conditions, if an											
(o), staling the u											
cause fast.) (c)										
PART II. OTH			NIKIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
5	non								,	YES 🔲	NO X
PART II. OTH PART II. OTH OTH OTH OTH OTH OTH OTH OTH	TRIBUTING 20	b. DESCRIBE	none none	RED. (Ent	er noture of injury in Par	t I or Part II a	f item 18.)				
20c. TIME OF INJUR Hour a, m. p. m.	Y Month, Day, Yea	100		e. PLACE	OF INJURY (Hame, form, street, affice bldg., etc.	n, 20f. (City	or town)	(Cou	nty)		(State)
Hour a.m.	none 19	While at wor		raciary	none	1				-	
	at I taak charge	of the r		abave	, held an Autaps	y D, Ins	spection \$7,	Inquir	уП	, and	find that
death resulted	fram: Natural	causes x], Accident [],	Suici	de 🔲, Hamicide	D. Un	determined c	-			
0	D0-	1).	00			70.07					
ACTUAL SIGNATURE	Total	W.	ells		M.D. CHIEF MEDICAL EX	XAMINER				DATE S	IIGHED
CVA MINISTER	S. Rober	t. Well	a. M.D.		ASSISTANT MEDIC	AL EXAMINER					
EXAMINER'S NAME (Type)	51501				DEPUTY MEDICAL	EXAMINER [k	1 1 1 1	4-2	9-58	3
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO		22c. NAME OF CEMETE				ON (City, town, o			(State	e)
Burial	April 30	58	Greenlawn	. Cer	netery	Willi	amspor.	t Md.			
23. FUNERAL DIRECTOR	S SIGNATURE	117	ADDRESS	1	1926 240. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATUR	RE	
CLERPITS	dent .	Wel	Clamas	401	DAMEAY	5 158	0006		1		

THE APPLICATION OF THE PROPERTY OF A TRACK OF A PROPERTY O HIARD TO STADERING CONTINUO AND MAKE LODING and the latest the second of the latest

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MARYLAND S	STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
576	5 CERTIFICATE	OF DEATH	

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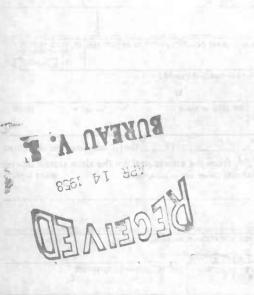
			0 10	CERT	IFIC	ATE OF I	DEATH	1		Reg. D	ist. No		A-1 A
1.	PLACE OF DEATH o. COUNTY	HINGTON		MAR	YLAND	2. USUAL RESI	IDENCE (WI	nere decease	d lived. If instituti b. COUNTY			ore admiss	ion)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b		TOWN (If o	outside corpo	prote limits, write R			arest town	1)
	RURAL ond give ne					X CAS	CADE						
	d. NAME OF HOSPITA					d. STREET	ADDRESS						FARM?
	NAME OF DECEASED (Type or print)	ALFRED		Middle		NICHOLS	st	4. DATE OF DEATH	APRIL	nth	70	,	Year 1958
5.	SEX		7. MAR	RIED NEVER MARR	IED 🗍	B. DATE OF BIRT		1	9. AGE (In years				R 24 HRS.
	MALE	WHITE	WIDOW	ED DIVORCE	ED 🔲	FEB. 27.	1869		last birthdoy)	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDI			or foreign c		12. C	ITIZEN C	OF WHAT	COUNTRY
	TARORER	ing life, even if retired	'			CASC	ADE M	ח		II	S	Δ.	
13,	FATHER'S NAME					14. MOTHER'S							
	WILLIAM	A. NICHOLS				SUSA	N RO	YER					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17.	INFORMANT	11 100	11116	Add	lress			
(Ye		If yes, give war or dates of s	ervice)		1	COC MENDIE	מ מו	M = A TOTOL	P 040	CADE	MD		
=	NO LIA CAUSE OF DEA	TH Fester only one or	use per li	ne for (o), (b), and (c)	-	RS MITNINI	N.P.	MCAFE	UAS	CADE		ERVAL BE	TWEEN
		TH WAS CAUSED BY:	0	21.0 +	7.	nı	.1 -	t	11	1 4.	ON	SET AND	DEATH
	151X Conditions, if or gove rise to in	nmediate	, (Carcin	m	a no	tin	rel	Lanem		4	+ m4	nth
F	couse (o), stoting t lying cause lost.					0							
CERTIFICATION	PART II. OTH		DITIONS	CONTRIBUTING TO DE						VEN IN PA	RT 1(a)		RMED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURR	ED. (Enter noture o	of injury in	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	or 20d. I While of wor		20e. P	LACE OF INJURY octory, street, offic	(Hame, form te bldg., etc	20f. (City	y or town)		(County)		(State)
	21. I certify the alive an	at I attended the 1-9 Lin D. T	decease 12		- 2 I deal				n the causes of treet, city or tawn,	and an		ite state	decease ed above ATE SIGNE
220	BURIAL, CREMATION	N. 22b. DATE THEREC)F	22c. NAME OF CEN	AETERY (OR CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(Stot	e)
	BURTAL.	1/13/58		BETHET				Lantz	#1)		Md.	
23.	FUNERAL/DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'	D BY REGIST	TRAR 246. REG	STRAR'S S	IGNATÚ	RE	
4	In Ution	1 Marie		WAYNESBORC	PA	- Y L	D. 1	APKI	4 58	JU. M.	edu	ch	

DATE

WAYNESBORO, PA.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHMORE, I



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05071

					Mag. Dist. 14	
1. PLACE OF DEATH	Washinston		O STATE	Where deceased lived. If Instit b. COUN	Pution: Residence be	fore admission)
b. CITY OR TOWN (If outs	Washington ide corporate limits, write RURAL	c. LENGTH OF STAY IN 16	6 CITY OF TOWN (Le If outside corporate limits, write		pearest town)
and give nearest town)		DOA		stown	, NORTE GIRL GIVE	neuron rown,
d. NAME OF HOSPITAL		hospitol, give street address)	/ d. STREET ADDRESS	73 COMII		e. IS RESIDENCE
	. Hospital	norphot, give attent deciress)	/	nestnut St.,		ON A FARM?
3. NAME OF	First	Middle	lost	4. DATE Mont	th Day	
(Type or print)	Ruth	Virginia	Ohler Ohler	OF DEATH 4	27	19 58
female 6			DATE OF BIRTH March 27, 18	9. AGE (In years lost birthday) 63 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION during most of working li housewi		b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State		12. CITIZEN O	A.
13. FATHER'S NAME	200 100 100 100		14. MOTHER'S MAIDEN	NAME		
George	A. Virts		Lorett	ta E. Gibson		
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? yes, give war or dates of service)		onard K. Ohl	ler Funkstown		
PART I, DEATH NIMP Conditions, if any, gave rise to immediate (a), stoting the undicouse lost.	e cause	Acute Coron	ary occlusio	n	Orts	set and death
PART II. OTHER	SIGNIFICANT CONDITIONS None	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GI		19. WAS AUTOPSY PERFORMED? YES NO A
PART II, OTHER 20g. EXTERNAL CAUSE PRIMARY OF CONTRI CAUSE OF DEATH.	WAS BUTING (RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Pa	rt I or Port II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	W	Od. INJURY OCCURRED 200. PLAC /hile Not while work at work	CE OF INJURY (Home, formary, street, office bldg., etc. none	m, 20f. (City or town)	(County)	(Stote)
		e remoins described obo	ve, held an Autops cide, Homicide			, ond find tho
ACTUAL SIGNATURE	Robert 1	wells	_M.D. CHIEF MEDICAL E			DATE SIGNED
EXAMINER'S NAME (Type)	S. Robert	Wells, M.D.	ASSISTANT MEDICAL		Apr 2	8'58
220. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF 4-30-58	22c. NAME OF CEMETERY OR Rose Hill Co		22d. LOCATION (City, town, Hagerst		(Stote) Md.
23. FUNERAL DIRECTOR'S S		ADDRESS	24a. REC	4 (60)	ISTRATES SIGNATU	IRE
Fred W. Krais	ss Hagerst	own. Md.	DATE	MAY 1 30 CC	or educe	n

VS. A15ME(5) 5M 9/55

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MARYLAND SYATE DEPARTMENT OF HEALTH-SALTIMONS, I MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Tree of Preferations | Research | 18 Sept.



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

d by the hospital or attending physician. RECTOR: After this certificate has been signed by the attending physician and completely filled

the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours ofter death.

I be detoched for use as the burial-transit permit.

TO FUNERA.

Andrew K. Coffman.

Hagerstown

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5°67 CERTIFICATE OF DEATH

05072

WOULK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
maryland washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
cs o3 Hagerstown
d. STREET ADDRESS e. IS RESIDENCE
705 S. Potomac Street ON A FARM?
Last 4. DATE Month Day Year
Powell DEATH April 4 19 58
1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Sept. 30, 1869 88 yrs. Months Days Hours Min.
INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
Milddeburg Penna. U.S.A.
14. MOTHER'S MAIDEN NAME
Ellen L. Orris
17. INFORMANT Address
Mrs. Irene Foreman, 705 S. Potomac St
INTERVAL BETWEEN ONSET AND DEATH
m posis 7 dars
1 2 1 11 1 1 1 1 1
the Carolin-Vasuely Bereng 10 mm
The state of the s
H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
YES NO S
URRED. (Enter nature of injury in Port I or Port II of item 18.)
De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
factory, street, office bldg., etc.)
Wr , 1958, to 4 apr 1958 that I last saw the decease
eath occurred at 10115 M, from the causes and an the date stated aba
ADDRESS (Street, city or town, stote) DATE SIGN
23ANP stomas
M.D. ASTITUTE STATES
Hagerstum MI
may critimy //
RY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Cemetery Hagerstown, Md.
24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MASVIAMENTATE DEPARTMENT OF HEALTH-BALTIMORE, . . . BUREAU V. S. 8391 12 APA

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	may be retreed by the hospital or attending physicion.	DEUNER. IRECTOR: After this certificate has been signed by the ottending physicion and completely filled by the funeral director,	page 3 she. No be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the rate of a state of the stat
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?	No.	5	96	1
)	E	0	d	4

	DIACE OF DEATH		5199		ATE OF DEAT		C A 16 2- A/2 A	Reg. Dist. No	
	e. COUNTY	WASHINGTO	IN	MARYLAND	o. STATE MARY		b. COUNTY		NGTON .
1		(If outside corporate limi		TH OF STAY IN 16	c. CITY OR TOWN (IF		ote limits, write RI		
-	RURAL and give a	neorest town) RTG SPRTNO	· MID ·	TTER	X BURAL	BTG S	PRING.	MD.	
ro		ITAL (If not in hospital, g			d. STREET ADDRESS		and the state of t		e. IS RESIDENCE
	D 10 4	ONE RURAL			NONE	RURA	L		YES NO
3.	NAME OF DECEASED (Type or print)	MARY	rst	Middle M .	ROWI, AND	4. DATE OF DEATH	APRIL	th D	y Yeor
5.	SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	5	AGE (In years last birthday)		IF UNDER 24 H
	FEMALE	WHITE	WIDOWED	DIVORCED [OCT II, I8	77	80 yrs.	Months Days	Hours Min
10	during most of wa	ION (Give kind of work trking life, even if retired	dane 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHPLACE (SION	or foreign cou	intry)		OF WHAT COUN
_	HOME	DUTIES	HOUS	E WORK	MILLSTO		e		S.A.
13	. FATHER'S NAME	2110 2311 1737			14. MOTHER'S MAIDEN		כזהו		
15	LEWIS . WAS DECEASED EV	SHOEMAKE!	CES? 16. SOCIAL S	ECURITY NO. 17.	CARRI.	E WELL	Addr	ess	
(A	es, no or unknown)	(If yes, give war or dates of s			WRS CARRIE	E. MUR	RAY B.	IG SPRI	NG, MD
	18. CAUSE OF DE	EATH [Enter only one co	ouse per line for (o),	(b), ond (c).]	(V) 1		1 1 1	INI	ERVAL BETWEE
5	PART I. DE	EATH WAS CAUSED BY	, Chr	onic	Endo C	caro	Citi	2	2 yrs
	1421.4	DUE TO		9.	2/2		t		J
					1/1 . //				6 0
	Canditians, if		acar	lerio	- Dele	LOR	es	/	10 yr
1	gave rise to couse (a), stating	g the under-	, ar	lerio	- Sile	NOR	es	/	'Oyr
/ z	gave rise to couse (a), stating lying couse lost	g the <u>under-</u>	:)	LLCCO	- Sille	WR	CONDITION GIV	ENI INI PART YOU	10 yr
O ATION	gave rise to couse (a), stating lying couse lost	g the <u>under-</u>	:)	TING TO DEATH BL	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERFORMED
O UNITED A TIPECATION	gave rise to couse (a), stating lying couse lost PART II. O'	the under- ther SIGNIFICANT CON	:) IDITIONS <u>CONTRIBU</u>		IT NOT RELATED TO THE TERM			EN IN PART 1(a)	PERFORMED
CERTIFICATION	gave rise to couse (a), stating lying couse lost PART II. O'	g the <u>under-</u>	:) IDITIONS <u>CONTRIBU</u>					EN IN PART 1(0)	19. WAS AUTOP PERFORMED? YES NO
CAL CERTIFI	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	Il of item 1B.)	EN IN PART 1(a)	PERFORMED?
	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU	THER SIGNIFICANT CON WAS UNDERLYING COUNTY CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye	20b. DESCRIBE HO ar 20d. INJURY OG While Not	W INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	Il of item 1B.)		PERFORMED?
CAL CERTIFI	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF THE CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT	THER SIGNIFICANT CON WAS UNDERLYING COUNTY CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye	ar 20d. INJURY OF While Not at wark of v	W INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far octory, street, office bldg., et	m, 20f. (City	II of item 1B.)		PERFORMED: YES NO
CAL CERTIFI	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF THE CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT	immediate g the under. COTHER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye 19	ar 20d. INJURY OF While Not at wark of v	W INJURY OCCURRED 20e.	ED. (Enter nature of injury in	Port I or Port	or town) the causes a	(County),that I last s	PERFORMED YES NO (SI
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CAL CERTIFI	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF THE CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF THE CONTRIBUTION (IF EITHER, NOTIF) 21. 1 certify	immediate g the under. COTHER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye 19	ar 20d. INJURY OF While Not at wark of v	W INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far octory, street, office bldg., et	Port I or Port	or town) the causes a	(County),that I last s	PERFORMED' YES NO (Sh
CAL CERTIFI	20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF OUT OF INJURIES) 21. 1 certify olive an ACTUAL SIGNATURE	immediate g the under. COTHER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye 19	ar 20d. INJURY OF While Not at wark of v	W INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far octory, street, office bldg., et	Port I or Port	or town) the causes a	(County),that I last s	PERFORMED YES NO (St
MEDICAL CERTIFI	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT A. m. p. m. 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 2a. BURIAL, CREMATI	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye 19 Chail attended the	206. DESCRIBE HO 206. INJURY OF While at wark of the deceased from 19_5_8	W INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far octory, street, office bldg., et h accurred at 7, 30	Port I or Port m, 20f. (City C.) AM, fram ADDRESS (Str	or town) the causes a	(County E,that I last s and an the do state)	PERFORMED YES NO (St
MEDICAL CERTIFI	gave rise to couse (a), stating lying couse lost PART II. O' 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye 19 Chail attended the	206. DESCRIBE HO 206. INJURY OF While at wark of the deceased from 19_5_8	W INJURY OCCURRED 20e. If while and that deal were and that deal were and the deal w	PLACE OF INJURY (Hame, far octory, street, office bldg., et h accurred at 7, 30	Port I or Port m, 20f. (City C.) AM, fram ADDRESS (Str.) 22d. LOCATI	or town) the causes a seet, city or town, con (City, town, a	(County E,that I last s and an the do state)	PERFORMED YES NO (St

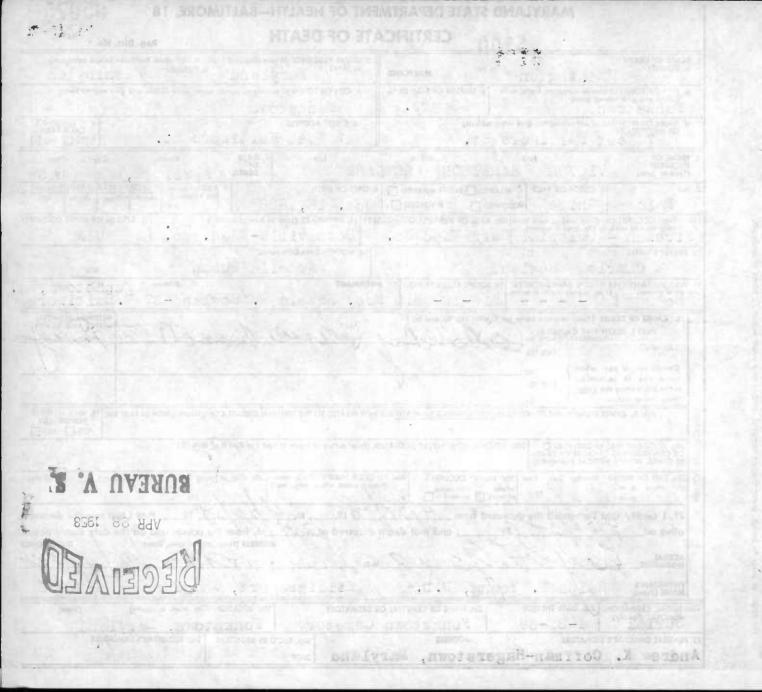
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15"

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/SS

	51	ING CERTIFIC	AIE OF DEAIR	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	II o STATE	re deceased lived. If institution b. COUNTY	Washington
b. CITY OR TOWN RURAL ond give r Funks to	(If outside corporate limits, wr nearest town) WN	c. LENGTH OF STAY IN 16 3 yrs.	c. CITY OR TOWN (IF o	utside corporate limits, write RI	JRAL and give nearest town)
OR INSTITUTION	st Baltinor		/d. STREET ADDRESS 27 West I	Baltimore St	e. IS RESIDENCE ON A FARM2 YES NO 2
3. NAME OF DECEASED (Type or print)	VICTOR H	ARRISON ROW	LAND	4. DATE Mont	Day Year 22 19 58
5. SEX Male	7974 4 4	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 18,188	9. AGE (In years lost birthdoy) 69 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATI	rking life even if retired)	106. KIND OF BUSINESS OR IND Hard Wood Co.	USTRY 11. BIRTHPLACE (Stole Downsvil)	AULe	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	0.5 mg. = 70 mm m	
	rles Rowla			lla Suman	
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Mrs. Bessie	M. Rowland-	runks town, mo
	ATH [Enter only one cause of ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)]	oer lies for (o), (b), and (c).]	Alexan	R	INTERVAL BETWEEN ONSET AND DEATH
420,1	DUE TO	one con	Funda	(JOAC)	1 dell
Conditions, if		1			
gave rise to coese (o), stoting lying couse lost.	the under- DUE TO	V			
PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	Port t or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	w	Od. INJURY OCCURRED /hile Not while work of work	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify t	hat lattended the dec	1	h occurred at 2Ps	/ / /	that I last saw the deceased
ACTUAL SIGNATURE	Rall-h+	E arus a		ADDRESS (Street, city or town)	DATE SIGNED
PHYSICIAN'S NAME (Type)	Raiph F. Y	owng, M.D.	Williams	ort, Maryla	nd 4/33-58
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 236. DATE THEREOF 4-25-58	22c. NAME OF CEMETERY	OR CREMATORY Cemetery	22d. CCATION (City, town, or Funkstown,	
23. FUNERAL DIRECTOR	1 - 20 00	ADDRESS			Maryland TRAR'S SIGNATURE
Andrew K.	Coffman-Ha	geretown Man		28 58 1986	· Ariela



ADDRESS

F. Minnich & Son Hagerstown

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

(State)

Day

29

Days

Md.

(County)

24b. REGISTRAR'S SIGNATURE

24c. REC'D BY REGISTRAR

Md -

ON A FARM?

YES NO

Year

19 58

death. thal 0

23. FUNERAL DIRECTOR'S SIGNATURE

Scott

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The Property of the HELP No.	Company of the Compan		a la	W 100 100		
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400 Land				1 23	25 180	2707
						S ASSESSMENT
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,
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CERTIFICATE OF DEATH

05077

Reg. Dist. No.

8

1. 1	COUNTY	Washington	1	MARYLAI	- 11	o. STATE Md.	/here deceased	l lived. If institution b. COUNTY	Wash	ingto	imission) N
ı	CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If	outside corpor	ote limits, write l	RURAL and g	ive nearest	townj
	Rural	, Smithsbur	g	30 Years		× Ru	ral, Sm	ithsburg	g		
	OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET ADDRESS				e. IS	RESIDENCE IN A FARM?
		Smithsbur	g #2			Sm	ithsbur	rg #2			S NO X
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mor	nth	Day	Year
	(Type or print)	Lat	ıra	Mae		Shockey	DEATH	Aj	pril	10,	19 58
5. 5	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. 1	DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.
	Female	White	WIDOWI	ED T DIVORCED	3	Oct. 10,	1872	85 yrs.	Months	Days Ho	urs Min.
10a	. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (Stoke	e or foreign co	untry)	12. CITI	ZEN OF W	HAT COUNTRY?
	-	e Wife				Ringgold	Md.		U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN			ATTE		
	Hen	rv Barkdoll				Julia	nne Roc	lgers			
15.		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	PRMANT		Add	lress		
2.01	No	for here there were on order on a	er sitte]	19	Mrs	Richard	Newcome	er. Smit	hsburs	Md.	#2
		ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	. 0	erebrel 1	ten	corrhac	200			ONSET A	ND DEATH
	331X	DUE TO								1-/	71 9
	Conditions, if a		. G- e	Meralia	0	1 Axtx	2410 5	tilero:	5,5	16	LYS.
	gove rise to i	mmediate (7,0 1 11 7		7				 	7
	couse (o), stoting lying couse last.	the under-	,								
Z	PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19. W	AS AUTOPSY
CATION											RFORMED?
CERTIFIC	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	Port I or Port	II of item 18.)	J 193 ES		- 40
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUS	RY Month, Day, Yea	or 20d. It	NJURY OCCURRED 204	PLACE	OF INJURY (Home, for	m, 20f. (City	or town)	(C	ounty)	(State)
MEDI	Hour o.m.	19	While of world	Not while	toctor	y, street, office bldg., et	(c.)		45		
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		nat I attended the				ccurred of [12]		The state of the s	9,that I I	ost saw i	he deceosed
8	alive an	7 //	, 19.2.	ond that de	eath o	ccurred of [/		the couses of the courses of the courses of the courses of the courses of the course of the courses of the course of the		e dote s	
	ACTUAL /	00-0	1	11.		C-	111	Million of Street	MA of	,,	DATE SIGNED
	SIGNATURE	Willelder.	77.	Nega	M.D	5ms	INSU	UYO	11161	4	-11-50
	PHYSICIAN'S NAME (Type)	harles	F.	Hess 1	1. D	•					
220	BURIAL, CREMATIC	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stote)
	Burial	4/13/5	8	Green H	111		Way	nesboro,	Frank	klin I	a.
23.	EUNIFRAL DIRECTOR	S SIGNATURE		ADDRESS	1	240. REC	POR REGISTI	ARS 246 REGI	STRAR'S SIG	NATURE	
_	Talles	7 /1/10	3	Naynes	VEX	2 /a DATE					
		77				1					

BUREAU V. S

CEDTIEICATE OF DEATH

	3 140	CERTIFICA	ATE OF DEA	111		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	2. USUAL RESIDENCE o. STATE Maryl		l lived. If institution b. COUNTY	a what was	fore admission)
b. CITY OR TOWN (If outside corporol RURAL and give nearest town)		50 yrs	c. CITY OR TOWN			URAL and give n	nearest town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Washington Coun	ital, give street address)		d. STREET ADDRESS			/	. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Amanda	First	Middle 1 zabeth	Smith	4. DATE OF DEATH	April	th [Day Year 19 5 8
S. SEX 6. COLOR OR F	WIDOWED	DIVORCED	B. DATE OF BIRTH	4	9. AGE (In years lost birthday) 7 4 yrs.	Months Days	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	etired)	te famil	y Sperry	ville,	va.	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME Charles Flet			Unknow				
IS. WAS DECEASED EVER IN U. S. ARMED (1991, no or unknown) 18. CAUSE OF DEATH [Enter only or	220-2	6-7224 M	Ary Wilson	n N. J	• nathar	stree	ITERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u>	JE TO (b) JE TO (c) CONDITIONS CONTRIB	LITING TO DEATH BUT	NOT RELATED TO THE TE	PANINAI DICEACE	CONDITION GIV	ENI INI PART I (A)	TO WAS AUTOPSY
PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF I UT IF EITHER. NOTIFY MEDICAL EXAMI			D. (Enter noture of injury			EN IN PART I(O)	PERFORMED? YES NO
OF THE PROPERTY OF THE PROPERT	, Year 20d. INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Home, f ctory, street, office bldg.,	farm, 20f. (City etc.)	or town)	(County	y) (State)
21. I certify that I attended alive on 4/14/58 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HOWA	Howel?		accurred at	M, from ADDRESS (SH	the causes a reet, city or town, otomac	and an the d state)	saw the deceased ate stated above DATE SIGNED 4/16/58
220. BURIAL, CREMATION, 22b. DATE TO 4-19 = 23. FUNERAL DIRECTOR'S SIGNATURE	1958 Re	AME OF CEMETERY O	lemetery	Hage	ION (City, town, o	Maryla	
J-Pm R Water	my Ho	waterspar	ns md DATE	APR 2 1	'58 Qu	Heave	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reported by the hospital ar otherding physician.

TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/55

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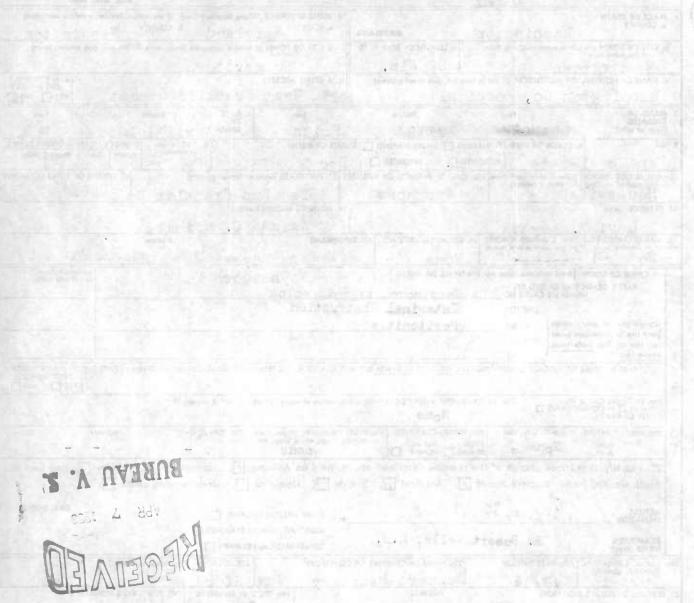
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MARYLAND STATE MEDICAL EX

DEPARTME	NI OF HEALIH-	-RATHWOKE	E, 18 Dr Well	G.
AMINER'S	CERTIFICATE	OF DEATH	1 05079g	02

1.	PLACE OF DEATH o. COUNTY	Washing	+00	MARYLAN	a ST	ATE 30		ased lived. If Insti	ITY •••		
	b. CITY OR TOWN III	outside corporate limits, write		c. LENGTH OF STAY IN 1			rylan	orporate limits, writ			ng ton
	and give nearest town			30 Min.	0 =				ie wowne died	give med	
-	Hagers	LOWN	f not in hosp	ital, give street address)	dA	REET ADDRESS	gerst	OWIL		Te	. IS RESIDENCE
		ton Co, H			31	West	Fran	klin St	reet		ON A FARM?
-					PTS	V					YES NO
	NAME OF DECEASED (Type or print)	BLANCHE		ADELA	Smi	th.	4. DATE OF DEATH	'April]	uh L 1958	Day	Year 19
5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED	8. DATE OF	BIRTH	11,375	9. AGE (In years lost birthday)	IF UNDER 1	-	UNDER 24 HRS.
	Female	White	WIDOWED	DIVORCED [Dec	2 187	5	82 yrs	. Months D	oys H	fours Min.
100	during most of working Housewi	g life, even if retired)	ione 10b. Kl	Own Home				country) Paranklin		USA	WHAT COUNTRY?
13.	. FATHER'S NAME	S Interest			14. MOT	HER'S MAIDEN	NAME				915 9
	Levi	S. Mevers			6 0 0	Amand	a C.	Bricker	2		
	. WAS DECEASED EVE	R IN U. S. ARMED FO	CES7 16. S	OCIAL SECURITY NO. 17	INFORMAN			Addre			
	No			None	Mrs :	Mary R	over	42 So (hurch	St	
	18. CAUSE OF DEAT	TH [Enter only one cau	se per line fo	or (a), (b), and (c).]		Wayne	-				L BETWEEN
		H WAS CAUSED BY:	(Carcinoma s	omoid			1 0	5.00	OIRSEL A	OEATH
	153.3	DUE TO		Intesinal Ob							
	Canditians, if a			Peritonitis							
	gave rise to immed	liate cause		FALL COULT OF B		111					
	(a), stating the u	inderlying (c)									
ATION	PART II. OTH		DITIONS CON	NTRIBUTING TO DEATH BU	NOT RELAT	ED TO THE TERM	MINAL DISEA	SE CONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.	SE WAS TRIBUTING [b. DESCRIBE	None	(Enter natur	af injury in Po	art I ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			ACE OF IN	URY (Hame, far	m, 20f. (Ci	ity or town)	(Caun	ty)	(State)
AED	Haur a. m. p. m.	None 19	While at worl	k at work	ictory, street,	affice bldg., et	(c.)				
	21. I certify th	at I taak charae	of the re	emains described o	ove, hel	an Autop	sv Z	Inspection Z	Inquiry		ond find that
				, Accident [], S						Ц,	ond man
	0					, 11011111010					
	ACTUAL	Taleer	Tu	elles	M.U.	HIEF MEDICAL I					DATE SIGNED
	EXAMINER'S NAME (Type)	S. Ro	bert W	Wells, M.D.		PUTY MEDICAL			4	-1-5	58
220	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO	F 2	22c. NAME OF CEMETERY	OR CREMATO	RY	22d. LOC	ATION (City, town	, or county)		(State)
L	Burial	4/4/58		Dumkard Cer	eter	Br	dadfo	rding W		20.	Md
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			'D BY REGIS	STRAR 245. REG	ISTRAR'S SIGN		
A	ndrew K.	Coffman	Hager	rstown Md,		DATE	超祖 1	'58	when	WA	
								-			

ALANYLAND STATE DEPARTMENT OF HEALTH-BANKWORK, I





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 5172

05080

Reg. Dist. No.

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I BLACE OF BEATH

TO FUN Page the re	
VS A1S (4) 15M 10/57	6

TO HOSPITAL OR

4	. COUNTY Washington	MARYLAND	o. STATEMaryla:	nd b. COUNTY Was	shington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	2 mo. 12 D.	N 46	utside corporate limits, write RURAL on Sport Md.	nd give nearest town)
,	d. NAME OF HOSPITAL (If not in hospital, give street of the Control of the Contro	pital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF First DECEASED (Type or print) Lena	Middle Redman	Smith	4. DATE Month OF April	Doy Year 13 19 58
	Female Color of RACE 7. MARRI WIDOWEI	DIVORCED [8. DATE OF BIRTH March 1 18	85 Tost birthdoy) Month:	DER 1 YEAR IF UNDER 24 HRS.
	110 UB CWOLK	ivate Homes	Moorefie		U.S.A
	James Hunter Red	man	14. MOTHER'S MAIDEN N		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yex no-or unknown) (It yex, give, wor or dates of service)		· Alexander	Redman Keyser	W. Va.
	18. CAUSE OF DEATH [Enter only one cove per line PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b)	HUUUK t	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P.	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter nature of injury in P	ort I or Port II of item 18.)	YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 While of work	Not while foo	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that 1 attended the decease olive on	7-7-1-1-7-2		M, from the couses and an (DDRESS (Street, city or town, state)	I lost saw the deceased the date stated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	//			
	Pril 15-58	Rose Hill (e crematory emetery	22d. LOCATION (City, lown, or county Hagerstown Md.	
1	3. EUNERAL DIRECTOR'S SIGNATURE	Ellemoper	13 240. REC'D DATE AP	PR 1 6 '58 REGISTRAR'S	SIGNATURE

BUREAU V. S.

waster for at

NPR 16 1958



24 hours

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THE STADISTIFICATION DEATH destinated in Service and the service of the servi CIEL TI A9A soft . Manion & don legeratown Ma. inwithin 24 hours

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TO HOSPITAL TO FUNERA

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5975

CERTIFICATE OF DEATH

05083 Reg. Dist. No. 302

4	1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where of	deceased lived. If institution: Residence Washington	before admission)
Ü	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	e corporate limits, write RURAL and giv	ve nearest town)
	RURAL and give nearest town) Hagerstown	4 Yrs	03 Hagers	town	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ä	2123 Penna Ave		/2123 Penna	Ave	YES NO
	3. NAME OF DECEASED (Type or print) CHARLES	Middle FISHER S	DOMESTIC TO	DATE Month OF DEATH April 27 1	Day Year 958 19
-	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
u	Male White widow	ED K DIVORCED	Nov 20 1864	lost bythdoy) Months D	Pays Hours Min.
7	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fo	oreign country) Add 12. CITIZ	EN OF WHAT COUNTRY
2	Clerk W. M. R. R.	Retired	Clear Spring	Wash. Co	USA
G	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John L. Sponsell	er	Charlot	te Steinmetz	
9	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
Я	No	None Ed	lgar A. Spons	eller 924 Rolli	ng Road
1	18. CAUSE OF DEATH [Enter only one couse per li		Hagerstown	Ind.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Torio relen	Ater Carolin	vaseular	ONSET AND DEATH
1	422.1 DUE TO	disea			a pycan
	Conditions, if any, which) (b)	neces	cae .		
	gove rise to immediate DUE TO				
	lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	CAT				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I	l or Part II of item 18.)	
4	3 20c. TIME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20	Of. (City or tawn) (Co	unity) (Stole)
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a.m. 19 While at wor	Not while fac	ctory, street, office bldg., etc.)		
-		2/0/	11/	79 - 60	
	21. I certify that I attended the decease		1930, to 4/		ist saw the deceased
1	olive an A 19	20_{-} , and that death		, from the causes and an the RESS (Street, city or town, state)	
	ACTUAL ST. 10	•	12/11/11	KESS (STREET, CITY OF FOWN, STORE)	DATE SIGNED
	SIGNATURE OF THE THE	enge	M.D. 1964144	Waluglen JT.	4/28/3
	PHYSICIAN'S GEORGE -	Tennings	1 Hager	stonn, Md.	
	220. BURIAL, CREMATION, 22b. BATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		. LOCATION (City, town, or county)	(Stote) Md
	Burial 4/30/58 L	ittle Rose H	Hill Cemetery	Clear Spring W	ash. Co
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 246. REGISTRAR'S SIGN	IATURE -
	Andrew K Coffmann H	agerstown Mc	DATE .	1 58 CUA.	educh

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5076 CERTIFICATE OF DEATH

47.0	FKIIIIOAIE	OI DEATH		Reg. Dist. No.	302
1. PLACE OF DEATH o. COUNTY a shington		SUAL RESIDENCE (Where STATE Maryland	e deceased lived. If institution to COUNTY a SNIT	ns Residence before	re admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16 c.	CITY OR TOWN (If outs	side corporate limits, write RUI	RAL and give nec	arest town)
Hagerstown	Mo 03	Hagerstow:	n		
d. NAME OF HOSPITAL (If not in hospital, give street address)	d	I. STREET ADDRESS	rand and Assess		e. IS RESIDENCE
Martin Manor Nursing Hon	e /	455 mest	Antietam S	t	YES NO NO
3. NAME OF First DECEASED	Middle	Lost 4	DATE Month	Do	y Year
(Type or print) EDWARD BRU	CE ST	ONER	DEATH April	6 1958	3 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED 3. DAT	E OF BIRTH			IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED A	ugust 2 1	886 lost hirthdoy) yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY 1			12. CITIZEN O	F WHAT COUNTRY
Mechanic Retired W.M.R.	R.	McConnel	lsburg Pa	USA	1
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME		1-11
William Stoner		Blanch	e Stoner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORM	MANT	Addre	is .	
(Yes, no, or unknown) (If yes, give wor or dates of service) 705–10	-5725 Wil	liam U. S	toner 455 W.	. Antie	etam st
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b),	ond (c).]	Hager	stown Md.	INTI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	- may 8	mosta	te with.	ONS	ET AND DEATH
177 X IMMEDIATE CAUSE (o) CANCEL DUE TO	- Too may of		1 1		if w.
AND AND ASSESSED AND ASSESSED ASSESSED ASSESSED.	Genera	le et me	tastases.		
Conditions, if ony, which (b)	9	-X			
couse (o), stoting the under-					
lying couse lost.) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONFEIBUTING		res Sale		IN PART 1(0)	PERFORMED?
3	**	0			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	AJURY OCCURRED. (Ente	er noture of injury in Por	rt I or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUI While Not wink p. m. 19 of work of work		F INJURY (Home, form,	20f. (City or town)	(County)	(State)
Hour o. m. While Not whi		treet, office bldg., etc.)			
21. I certify that I attended the deceased fram	mr. 0 20	10.67 · d	mil book		
1 7 1	7	, 19.4.			aw the decease
dive an same of the same of th	a that death accu		M, fram the causes an		
SIGNATURE SERVE Co. Crusy	ma.	115 Km	Z St. H	adrate	DATE SIGNE
	M.D		7	J	
PHYSICIAN'S JOSEPH C.	ERISP 1	UD,		0/40130	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME	OF CEMETERY OR CREA	MATORY 2	2d. LOCATION (City, town, or	county)	(Stote)
REMOVAL (Specify) 4/8/58 Read	Haven Ce		la caretown W		1/ 2

24a. REC'D BY REGISTRAR

DATE APR 1 0 158

24b. REGISTRAR'S SIGNATURE

moy be reto

23. FUNERAL DIRECTOR'S SIGNATURE

Coffnan Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND STAT	E DEPARTMENT	OF HEALTH-BA	LTIMORE, 18	
5977	CERTIFICATE	OF DEATH		•

05085

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 40 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) 3 Hagerstown
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) WOR INSTITUTION ashington County Hospital	d. STREET ADDRESS 66 North Ave 9. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sadie First Middle Elizabeth Swom	ley Lost 4. DATE Month Doy Year 158
	8. DATE OF BIRTH Oct. 1, 1903 9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife Own Home	11. BIRTHPLACE (Stole or foreign country) Quincy Township Pa.
dward M. Shockey	14. MOTHER'S MAIDEN NAME Emma Baer
(Ves no or unknown) . He was also used as distanced assessed	NFORMANT Address S. Tressa Crawford Hagerstown Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	a INTERVAL BETWEEN ONSES AND CEATH Thomas The service of the serv
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
21. I certify that Latterded the deceased from Ot, alive an J. 12 S., and that death SIGNATURE PHYSICIAN'S David J. Boyer NAME (Type) David J. Boyer	accurred at
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	(3,0,0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerstown	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

AARYLAND	STATE DEPARTMENT	OF HE	ALTH_RALTIMOPE	1
		0	Marin Drabinione,	•

5078 CERTIFICATE OF DEATH

05086

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY MARYLAND 6. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and given parest toppe) WN RURAL HAGERSTOWN WKS. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHIPMOTON COUNTY HOSPITAL YES NO W REID NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF HARVEY MASON TROUPE APRIL. (Type or print) 19 58 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WHITE WIDOWED DIVORCED T MATE 65 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? REMERSED WORMA (CHEEN TO STO) HELPER RAIL ROAD U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID SCOTT TROUPE ELLA BOWERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. FLORENCE 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO Ph 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram 1>-1-5719 ...that I last saw the deceased _____, and that death accurred at ______M, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) LUTHERN CHURCH LEITERSBURG 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATUREA 24a, REC'D BY REGISTRAR

VS A15 (4) 15M 9/55



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05087 No. 302 Reg. Dist. No.

certificate has been signed by the ottending physician and completely tilled by the funeral director,	os the buriol-tronsit permit. Then please remove corbon papers. Poges 1 and 2 should be filled with	1
the tunero	should be	
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rely rilled	Poges 1	
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Jued D	permit.	in ony
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e hos be	buriol-tr	tion, ar removal, and in any event within 72 hours ofter death.
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 ed by the hospital or ottending physician. RECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director. d be detoched for use the registror prior to buriol, cremo TO HOSPITAL may be reform

VS A1S (4) 1SM 9/S5

1	PLACE OF DEATH a. COUNTY Wash	ington		MAR	YLAND	2. US	ual RESIDENCE (P STATE Maryland	Where deced	b. cor	UNTY	ni Residence			
	RURAL and give	•	ts, write	c. LENGTH OF STAT			CITY OR TOWN (I		porate limits, w	rite RU	RAL and g	ive nea	rest law	1) ,-
_	Hagersto			25 years	5	-	Hagerst	own						
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street	address)		, d.	STREET ADDRESS						B. IS RES	FARM?
	450 Nort	h Prospect	Stree	et			450 North	h Pros	pect St	ree	t			NO 🗆
3.	NAME OF DECEASED	Fir		Middle			Lost	4. DATE		Month	_	Day		Year
_	(Type or print)	Georg	e	Wes.	Ley		Tullis	DEAT	27	pri		8		19 58
S.	SEX		7. MARE	RIED A NEVER MARR	IED 🔲	B. DAT	E OF BIRTH		9. AGE (In)	years	Months			-
	Male	White	WIDOWI	ED DIVORC	ED 🔲	Oc	t. 26. 1	881	76	yes.	5	Doys 13	Hours	Min.
100	usual occupat	ION (Give kind of work orking life, even if retired				STRY 1	I. BIRTHPLACE (Sta	ite or foreign			12. CITI	ZEN O	F WHAT	COUNTRY?
	Guard		P	ipe Organ I	Pacto	ory	Decatur	, Illi	nois			U.	S.A.	
13.	FATHER'S NAME					14. /	MOTHER'S MAIDEN	NAME						
	Sam	mel Tullis					Co	ordeli	a Shaw					
		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	NFORM				Addre	255			2
1	s, no, or unangwey	(If yes, give wor or dates of s		19-20-0229	M:	rs.	George W	. Tull	is. Hap	ers	town.	Ma	rvla	ind
	18. CAUSE OF DE	ATH [Enter anly one co	use per li	ne for (a), (b), and (c)								LINTE	RVAL BE	TWEEN
	Programme and the second	ATH WAS CAUSED BY:			*	110	i on					36 hr.		DEATH
	260x			onary oc	CIUS	2 T O1	(I					100	III	•
1		DUE TO		omi ogolo	mat i	10 1	acout a	1000	0 111+1	77.0	2011	100	T 3	0: :
1	Conditions, if		Art	erioscle	rot.	TC I	leart u.	Iseas	e MICH	r A S	ascu.	Ta I.	Ind	erini
1	couse (a), stating	g the under DUE TO			0		ension							
	lying couse last	. (c	Dia	betes me	1111	lus						12'	7 y	c
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT R	ELATED TO THE TER	MINAL DISE	ASE CONDITIO	N GIVE	N IN PART	1(0) 19	PERFO	RMED?
15	20- ACCIDENT V	VAS UNDERLYING	201 DEC	CRIBE HOW INJURY O	25511885	D 15 .		0	10-11-63				162	NO 🔁
	OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 003	CRIDE HOW INJURY	CCURRE	D. (Ente	r noture of injury i	n rom i ar r	ort if or item te	0.)				
MEDICAL	20c. TIME OF INJU Hour a. m p. m	. 10	While	NJURY OCCURRED Nat while at wark	20e. PL for	ACE OF ctory, st	INJURY (Home, for reet, affice bldg., e	rm, 20f. (C	ity ar town)		(C	aunty)		(State)
	21. I certify	that I attended the	decens	ed from			19 ²⁸ , to 1	April	8 19	, 58	that I I	act ca	w the	deceased
	alive an	April 8	., 195				rred at 3:15	PM			, 11	031 30	w the	deceased
	ditae qui	001	yas 122	, and ma	deam	accu	ned divisies					e dar		
	ACTUAL SIGNATURE M.D. 148 West Washington Street													
i	PHYSICIAN'S NAME (Type)	B. B. Kne	eisl	ey, M.D.			Hagerst	own,	Md.			4,	19/5	58
220	BURIAL, CREMATI	ON, 226. DATE THEREC	F	22c. NAME OF CEA	AETERY O	R CREM	ATORY	22d. LOC	CATION (City, to	own, ar	county)		(Stat	e)
	Burial	4-10-19	58	Rest Har	ven (Ceme	terv	Hap	erstown	_ M	arvla	ind	9	
23.	FUNERAL DIRECTO	en funered 91	me of	ADDRESS Hagey trus	m	e.	24a. RE	C.D. B. M. L.	STRAP 246		RAR'S SIG		E	
L	- Antoni													

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 13

DE LA CERTIFICATE OF DEATH

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BUREAU V. E.

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APR 23 1958	Mark Sections				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5402 **CERTIFICATE OF DEATH**

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	Washing	ton	MARYLAND	2. USUAL RESIDE	NCE (Where decease aryland	b. COUNTY	ion: Residence bei	fore admission)
b. CITY OR TOWN (II RURAL and give ne Weve)		ls, write c. LEN	IGTH OF STAY IN 16	e. CITY OR TO	OWN (If autside corp	orote limits, write	RURAL ond give n	nearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ive street oddress		d. STREET AD	DRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary	Lou	Middle We	bber	4. DATE OF DEATH	, <u>4</u>	20	Poy Yeor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWE	NEVER MARRIED	8. DATE OF BIRTH	98	9. AGE (In years lost birthday) 59 yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
House W11	ing life, even if retired	HOT		Mary	rland	country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	organ P.R	unklas		14. MOTHER'S A		om Toom	. 7.4	
S. WAS DECEASED EVER			SECURITY NO. 17.	INFORMANT	Mary A	nn Leop	dress	
	If yes, give war or dates of s			s.Helen	E.Kaetz	el,Knox	ville.M	aryland
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	he under-	- En	Ergers.	Jung J	(Jant			NSB AND DEATH
CATIC		DITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GI	VEN IN PART I(o)	PERFORMED? YES NO
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURRI	D. (Enter noture of i	injury in Port I or Po	rt II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yes	While N	OCCURRED 20e. Plat while work	ACE OF INJURY (Hoctory, street, office b	ome, farm, 20f. (Cil oldg., etc.)	y or town)	(County	y) (State)
actual signature	at I attended the	Jos J.		M.D	10 A. M. fro	Street, city or town	and an the d	saw the deceased ate stated abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC		NAME OF CEMETERY O	DR CREMATORY	22d. LOCA	TION (City, town,	ar county)	(Stote)
23. FUNERAL DIRECTOR'S		A	DDRESS Mary	2	240. REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGNATI	

TO HOSPITAL TO FUNERA

BY AND THE OF DEATH 301 (38) 9 110 Morrosa P. Punkling Blocced nat vani bond or colliverest, feather . s nelo . so 8261 88 A9A Permanter, dapines-s Brunnwick, warring

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MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18	
2000	ATE OF DEATH Reg. Dist. N	. 050
o. COUNTY AShing TON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence belong ATEGAN b. COUNTY AIREGAN	fore admission)
b. CITY OR TOWN (If outside corporate limits, write gural and give negres lown) HAGERSTOWN 3 MONTHS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	egfest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NESTERAL Md State Hospital	d. STREET ADDRESS ROWTE 2	ON A FAR
NAME OF DECEASED (Type or print) DEWEY Middle	UZICHT 4. DATE Month OF DEATH APPLL 29	Day Year
A Total Market D	8. DATE OF BIRTH SUNE 2 1901 9. AGE (In years IF UNDER 1 YEA Months Days	
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDUST	ISTRY 11. BURTHPLACE (State or foreign country) 12. CITIZEN LINITE	of WHAT CON
MARION WEICHT	Mulha Potts	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. 19. no. or unknown) (If yes, give wor or doles of service) 220-10-20%	Luth WEIGHT- FlintstonE Md	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE CORONAD DUE TO	l Ch	TERVAL BETWEENSET AND DEA
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b) CORONARA HE	ALLY DISEASE	4 1101

05091

	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WESTERN Md State Hospital Rout		o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) DEWEY WEICHT	4. DATE Month OF DEATH APPUL 29	Doy Year 1958
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WHOWED DIVORCED JUNE 2	1901 9. AGE (In years IF UNDER 1 Y. Months Da	FAR IF UNDER 24 HRS. ys Hours Min.
	O. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACTURY FACTORY PENNS	184 WANIA UNIT	ed States
L	MARION WEICHT 14. MOTHER'S MULL	ha Potts	
	(es. no. or unknown) (If yes, give wor or doles of service) 220-10-20% Ruth	Fight - Flintstone Ma	1
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE CORUNADY OCC 420.1 DUE TO	lusion	NTERVAL BETWEEN ONSET AND DEATH 2 125
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) CORONAR HEART DI.	SEASE	4 110214
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	SEMA	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while ot work of otwork 200. PLACE OF INJURY (Ho	ome, form, 20f. (City or town) (Couldg., etc.)	nty) (State)
	actual signature brainto R. Karlighel M.D. 15	to April 39, 19 18, that I last 150 A. M., from the causes and an the ADDRESS (Street, city or town, stote)	t saw the deceased date stated above. DATE SIGNED
L		HAYENSTOWN MA 22d. LOCATION (City, town, or county) M. Piney Planes	1176
23.	I described to the second	AAY 5 258 24b. REGISTRAR'S SIGNA	TURE)

VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH

MINITED BY ments profession and an are per familiary may be for the form of their restriction.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. 8361 8 84V Andrews, amoresones, amison, and and

VS A15 (4) 1SM 9/55 I

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-E	BALTIMORE,	18

5103	CERTIFICATE	OF	DEATH
0100			

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05093

0.160	key, Dist. 146.
1. PLACE OF DEATH O. COUNTY 11) 25 hing to maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY FRANK (In
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS:
Mauadusville Menanite Home	RD 3 Shippens by Fa YES NO [
3. NAME OF DECEASED (Type or print) Salahe Middle	Lost 4. DATE Month 1 Doy Year OF DEATH April 22 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel 114ther	Mattie that
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
No None of	arry Wilmer RR 2 Chambashing to
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive V	vascular disease due to Indefinite
DUE TO arterioscler	
Conditions, if ony, which) (b)	
gove rise to immediate couse (a), stating the <u>under</u> DUE TO	
lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while for work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram.	, 19 52 to April 22, 19 58 that I last saw the deceased
alive an April 19 19 58, and that death	accurred at 5:45P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL SIGNATURE SIGNATURE	M.D. 148 West Washington St., 4/24/58
PHYSICIAN'S B. B. Kneisley, M.D.	. Hagerstown, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, Igwn, or county) (State)
13. LUNERAL DIRECTOR'S SPENATURE ADDRESS	1 240. REC'D BY REGISTRAR / 24b. REGISTAR'S SIGNATURE
Hanlil M. Thomeway Greences	26 / DATE AY 1 '58 POOL 1

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the second control of the second of the second second second second of the second seco	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIEICATE OF DEATH

05094

Mashin		0 103	- MARY	YLAND	o. STAMA TY		b. COUN		shi		
and give nearest low		RURAL C.	LENGTH OF STAY	IN 1b			porate limits, write	RURAL o	nd give n	earest to	wn)
Hager	The state of the s		50 yea			rstown					
pit	ton Count			55)	525		nklin S	t.		ON	A FARM
3. NAME OF DECEASED (Type or print)	Carrie		Middle Frace	Woo	Lost d	4. DATE OF DEATH	April		Day 2		ear 9 58
emale	6. COLOR OR RACE White	WIDOWED 5	DIVORCED	□ Au	gust 7,	1879	9. AGE (In years lost birthday) 78 yrs.	IF UNDE Months	R 1YEAR Days	IF UND Hours	ER 24 HR Min.
during most of work House	ION (Give kind of work d no life, even if retired) V11 e		of Business or Home	INDUSTRY	373	ield P		12. CI	TIZEN O	F WHAT	COUNTI
13. FATHER'S NAME				1.	Jenn:	n NAME ie Shar	nk				
15. WAS DECEASED E	VER IN U. S. ARMED FOR Ilf yes, give wor or dotes of s		IAL SECURITY NO.	The same of	don E.	Plank	Hager		n l	la.	
1 1 2 2	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)								ONSE		
Canditions, if gave rise to imme (a), stating the cause fast.	DUE TO DUE TO DON, which diote couse underlying DUE TO (c)	les	time	ech	to the	uts	Lisein		7	z z	4
Canditions, if gave rise to imme (a), stating the cause fast.	DUE TO DUE TO DOING Which to the total to the total to the total t							VEN IN PA	RT 1(o) 11	P. WAS A	4
Conditions, if gove rise to imm (a), storting the couse fost. PART II. OT PART II. OT CCAUSE OF DEATH	DUE TO DUE TO DOIN, which (b) (b) (b) (c)— HER SIGNIFICANT COND USE WAS NTRIBUTING (2016)				RELATED TO THE TE			VEN IN PA	RT 1(o) 11	9. WAS A	AUTOPS)
Canditions, if gave rise to imme (a), stating the cause fast.	IMMEDIATE CAUSE (o) DUE TO DONY, which to the couse of th	20d. INJU	W INJURY OCCUP	RRED. (Enle		Port 1 ar Port It	of item 18.)		RT 1(o) 11	9. WAS A	AUTOPS'
Conditions, if gove rise to imme (o), stating the couse test. PART II. OT 200. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJUMOUS op. m. p. m. 21. I certify to opinion death ACTUAL SIGNATURE EXAMINED'S TOTAL CAUSE OF THE CONTROL CAUSE OF THE CAUS	IMMEDIATE CAUSE (a) DUE TO DON, which diote couse underlying DUE TO (c) HER SIGNIFICANT COND USE WAS INTRIBUTING 19 hat I toak charge resylted from: N	20d. INJU While of work	RY OCCURRED 22 Not while of work ains described ses Accid	Oe. PLACE factory, d above	or noture of injury in OF INJURY (Hame, street, office bldg., held on Auto Suicide, CHIEF MEDICA ASSISTANT MEI	Port 1 or Port It form, 20f. (City	of item 18.) or tawn) inspection , Undete	(Cc	RT 1(o) 1	P. WAS / PERFO	AUTOPS' RMED? NO E
Conditions, if gove rise to imm (o), storing the couse fost. PART II. OT 20a. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour o, m. p. m. 21. I certify to opinion deoth ACTUAL SIGNATURE EXAMINER'S NAME (Type)	IMMEDIATE CAUSE (a) DUE TO DUE TO DOINY, which to the couse of the cou	20d. INJU White of work [af the rem laturol cous Ditto	RY OCCURRED 22 Not while of work ains described ses Accid	Oe. PLACE foctory, d above dent	of INJURY (Hame, I street, office bidg., , held on Auto Suicide, CHIEF MEDICA ASSISTANT MEI DEPUTY MEDIC	Port 1 or Port II form, 20f. (City psy, 1r Homicide EXAMINER DICAL EXAMINER AL EXAMINER 22d. LOCAL	of item 18.) or tawn) inspection , Undete	(Control of County)	RT 1(o) 1	P. WAS / PERFO	AUTOPS (Stote (Stote GNED

Hagerstown

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the prificate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the fuz this director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 24-havrs after death. DEPUTY VS. ATSME 5M 2/57

Scott F. Minnich & Son

ifun and a book seems signed stillo unit age 9 as L rined a lumb . See the second second second A Report Of the Squal Control of the Annal State of the S : 635: 4 8dV Crists A-5-38 Lines Hill Degenery te de mantacatal nos a dolumen a \$300

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

085 CERTIFICATE OF DEATH

05095 Reg. Dist. No. 302

					704
1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institutio b. COUNTY	
b. CITY OR TOWN (If outside			4	outside corporate limits, write RU	Washington
RURAL and give nearest !	own)				were one fire negles, fourth
Hagerston		l day	d. STREET ADDRESS	stown	e. IS RESIDENCE
OR INSTITUTION				mfield Deed	ON A FARM?
Washington (county Hosp	ital	2045 Gree	nfield Road	YES NO 🔀
3. NAME OF DECEASED (Type or print)	First	Middle	WORLEY	4. DATE Month	10 19 58
5. SEX 6. CO	OLOR OR RACE 7. MA	RRIED A NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
male w	hite wido	WED DIVORCED	December7, 1	892 lost birthdoy) 65 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (GI	ve kind of work done 10	b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Asst. to Pre	e, even if retired)	Aircraft Compar	w Charlott	e, N. Carolina	U.S.A.
13. FATHER'S NAME	224014		14. MOTHER'S MAIDEN I		J CeDena
Sidner	J. Worley			Tille D Duil	ine
15. WAS DECEASED EVER IN U		6. SOCIAL SECURITY NO. 17.	INFORMANT	Lilla B. Phil	TTDS
	give war or dates of service)			orley Hagerstov	vn, Maryland
18. CAUSE OF DEATH [E		line for (o), (b), and (c).	1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	AS CAUSED BY: DIATE CAUSE (6)	Cereby	1 cont	fres.	1 of hour
260X	DUE TO	- 1	1		
Conditions, if ony, w	hich) (b)	Auch	elos		13 gen
gove rise to immed	iate (A			
lying couse lost.	(c)				
PART II. OTHER SIG		S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNIT OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING (1) 20b. DI LUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
3 20c. TIME OF INJURY Me		4.	LACE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
Y 20c. TIME OF INJURY Mo	19 Whi	le Not while	octory, street, office bldg., etc		
21. I certify that I		10 100	IARO 1 A	1-14-56	that I last saw the deceased
7/ /	4 35 A	6 6	b accurred to A		
alive on	, 19	ona mor deor	h occurred at	ADDRESS (Street Total or town, 1	nd on the dote stated above
ACTUAL SIGNATURE	SW 1	Outo)	M.D. Hey	untown	Tool 4/25/38
PHYSICIAN'S NAME (Type)	Ter ,	Outh)	Hoy	celow 2	4/15/0
220. BURIAL, CREMATION, 22	b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, o	r county) (State)
Cremation	1/16/1958	Cedar Hill C	emetery	Washington	M. D. C
23. EUNERAL DIRECTOR'S SIGN	NATURE HOLDE	ADDRESS			TRAR'S SIGNATURE
Sucer-rouzer	Funeral Ho	me Hagerstown.	Md. Darr B	DD 1 6 '58 100	a church

VS A15 (4)

2.20		CERTIFIC	
			MARIE DE ADAM A SERVICIO DE LA COMPANSIONA DEL COMPANSIONA DEL COMPANSIONA DE LA COM
	Andrew Company of the	70.7	Manager Market State Committee
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	, Tideo	Control to Asset The sale	92254 020 020
	Been Parker of the Out of	arens Carpell	somble of or alex
Unit was resulted	THAT STANDARD TO S	of the second	Total Company of the
			B theretae to the part of the
	11-41-7 C		
BURLAU V. E.		4.16	
DECENAL			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

8361 SS A9A



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	
MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH

Reg. Dist. No. 05097

		112						
PLACE OF DEATH	Washingto	on	MARYLAND	2. USUAL RESIDENCE (V	Where deced	- COLAIT	V	
L CITY OR TOWAL W	outside corporate limits, write		c. LENGTH OF STAY IN 16					ington
end give necres town (if Hagerst		e RURAL	C. LENGTH OF STAT IN 18	c. CITY OR TOWN (II			NORAL and give i	iegresi rown)
		If nat in hosp	pital, give street address)	d. STREET ADDRESS			9041912	. IS RESIDENCE
DOA - E	mergency Ro	oom-Ho	spital	/142 Sou	th Lo	cust St	•	YES NO
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Montl	n Day	Year
(Type or print)	PAUL I	RAGAN	YOUNG.	SR.	DEATH	April	15.	19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
Male	White	WIDOWED		Feb. 18,19		lost birthday) 54 yrs.	Months Days	Hours Min.
IOa. USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign	country) Md.		F WHAT COUNTRY?
Driver			Taxi Cab	Hagerst	own-V	ash.Co.	US	SA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
S.L.V	. Young			Sop.	hia	Saum		
15. WAS DECEASED EVI	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 172 M	FORMANT R.	Vann	B. Jr. Address	arere	R#3
No No	If yes, give war or dates of		0-16-3588 S	r. Paul R. t. James C	olle	e Ra.	agere.	10110
18. CAUSE OF DEAT	TH [Enter only one cou	se per line f	for (a), (b), and (c).]			Amos transcript	INTE	RVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY		Gunshot (h)	allet) thru	skull	into brai		ALL PARTS BENTTI
976x	IMMEDIATE CAUSE (a)		Gullation (bo	.22 calibre	revol	ver)		
Canditions, if a	1111							
gove rise to immed	ligte couse							
(a), stating the	onderlying DUE TO							
cause lost.) (c)						(2) 10 2 2 2 2	
PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV		PERFORMED?
PART II, OTH	SE WAS ATRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (EShot self with	inter nature of injury in Par 1 •22 revolve	n lor Port l er aft	of item 18.) er having	g shot wi	fe
	RY Month, Day, Yes	or 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	m, 120f. (Cit	y or tawn)	(County)	(Stote)
20c. TIME OF INJUI	1, 35 10	58 While	1401 #/1116	ory, street, affice bldg., etc	:-)	Hagerato	own Was	sh Md
			rk at work x S:	idewalk				, and find that
		-	7, Accident 17, Sui	_		Indetermined of		j, and tind that
death resulted	from: Natural	conses [J, Accident [], 301	cide XI, Hamicidi	е <u>П</u> , с	inderermined c	.dose [_].	
ACTUAL SIGNATURE	f. Pole	ext	melly	M.D. CHIEF MEDICAL E	XAMINER [1		DATE SIGNED
	e p	a h a sad	Walla M D	ASSISTANT MEDIC	CAL EXAMIN	ER 🔲		
EXAMINER'S NAME (Type)	5 · n	opert	Wells, M.D.	DEPUTY MEDICAL	EXAMINER		4-16	5-58
220. BURIAL, CREMATIC	N, 226. DATE THEREC	OF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC.	ATION (City, town,	ar county)	(Stote)
Burial	4-18-5	8	Rest Haven	Cemetery	Ha	gerstown	Mary'	land
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		D BY REGIS		STRAR'S SIGNATH	IRE
Andrew K.	Coffman-	Hager	retown. Marv	land DATEAP	R 2 1 '	58 (812	resula	
TALLE ON TE			- 0 00 11 11 - 00 1 Y	THE PARTY OF THE P		1000	- aman	

VS. A15ME(5) 5M 9/55

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